

Hidden Harm

Three Years On: Realities, Challenges and Opportunities



**Advisory Council on the Misuse of Drugs (ACMD)
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Hidden Harm – Three Years On Realities, Challenges and Opportunities

Hidden Harm – The Voices of Children

This report, in keeping with the original ***Hidden Harm*** report, focuses on the lives and experience of a large, diverse and vulnerable group of children. One of the recommendations of the original report was "that the voices of children should be heard and listened to" (Recommendation 6). Accordingly, this report includes **children's own words throughout, drawn from projects set up and research carried out since the original report**, in order to provide a reminder of their lives, experiences and resilience.

In June 2006 children and young people from the STARS National Initiative Children & Young People's Forum presented their key messages to a meeting of the 'Hidden Harm' Working Group. This is what they said:

Messages for government:

"Our parents frighten us! You frighten them about going to prison and maybe they'll stop."

"Destroy all drugs and alcohol. Stop them from being made, get rid of them."

"I wish they weren't created - that they weren't doing it and that they weren't selling it."

"Your life is like a brick wall. You build it as you get older."

"Listen to us kids, do more for us."

"More services for us kids."

1. Introduction

In 2003, the Advisory Council on the Misuse of Drugs (ACMD) published its report entitled, ***Hidden Harm – responding to the needs of children of problem drug users*** (1). This was the report of a three-year inquiry by the ACMD, which revealed a disturbing picture about the nature and extent of actual and potential harm to babies and children born to and living with parental drug misuse, and the inadequate response in the UK to this problem. The 48 recommendations cut across drugs, children's, health and criminal justice sectors, and addressed a broad range of issues including joint working, research, identifying and recording needs, staff training, dedicated provision and protection for children affected. ***Hidden Harm's*** publication and dissemination generated considerable media interest and proved to be the most widely distributed ACMD report to date. It was welcomed by many practitioners in the field as a validation of their work to champion the needs of the children of problem drug users and a wake up call to those who had neglected these needs in the past.

The full council of the ACMD felt so strongly about the findings of the report that they decided to establish a specific Working Group to monitor and promote the implementation of the recommendations in the four countries of the United Kingdom. This was the first time that such a Group had been set up by the ACMD to explicitly monitor and advise on implementation of recommendations made in one of its reports.

The 'Hidden Harm' Working Group first met in February 2004. This report has been compiled by the Working Group, with commissioned expertise and support from external consultants.

The **purpose of this report** is threefold:

- To describe and comment on progress on implementation of the recommendations of the original ***Hidden Harm*** report in the four countries of the United Kingdom, since its publication and dissemination in 2003.
- To provide practice examples and information about implementation initiatives from the four countries to assist local commissioners and providers in relevant fields, particularly children's services, Local Safeguarding Children Boards/ Child Protection Committees, maternity provision, and drug and alcohol services.
- To identify key learning for the future for central and regional government and local commissioners and providers on ways to strengthen ongoing implementation of the original recommendations and address those areas of policy and practice identified in this report which need further work.

Accordingly, this report has a mixed **audience**. At central government level this consists of UK government departments, Ministers and officials in the four countries. However, it is also intended to be of interest and value to local 'Hidden Harm champions' who may include any of the following:

- Directors of Children's Services and their equivalent in Wales, Northern Ireland and Scotland
- Chairs of Children and Young People's Strategic Partnerships (CYPSPs)
- Chairs of Local Safeguarding Children Boards/ Child Protection Committees and managers of Safeguarding/ Child Protection Units and services
- Chairs and Co-ordinators of Community Safety Partnerships/ Drug Action Teams and their equivalents in Wales, Northern Ireland and Scotland
- Managers and practitioners in relevant fields, i.e. children's services, maternity services and drugs services.

Methods of Working

The 'Hidden Harm' Working Group worked within the overall brief of the ACMD and to the following specific shared **Vision**:

"The Hidden Harm Working Group wishes to see a United Kingdom where children affected by adult drug use receive the care and opportunities they require to enable them to achieve their full potential. These children are in special circumstances and may need safeguarding and protecting."

and specific **Terms of Reference**:

1. To monitor how the recommendations contained in the **Hidden Harm** report are being taken forward and implemented.
2. With reference to the above, to assess what impact **Hidden Harm** is making on practice which will improve outcomes for children, with a focus on the following:
 - how the needs of children of drug users can be met by both the statutory and non-statutory sector services;
 - the responsibilities each service should fulfil; and
 - whether each service could do more than it does at present and, if so, what.
3. To provide expertise and support to the Government Steering Group as it co-ordinates the response to the recommendations.
4. To influence strategic and operational policy, planning and practice through membership of the Group, as well as its activities set out at 1-3 above.

The **membership** of the Working Group was drawn from ACMD members, individuals who were part of the original inquiry team and specific individuals invited to represent key interest groups with a contribution to make to its remit. In addition, representatives from each of the Devolved Administrations and relevant UK government departments were invited to join the Working Group in an advisory capacity. The membership of the Working Group changed and developed during its lifetime. The full list of Working Group members is included in Appendix 3.

The Working Group met quarterly from February 2004 until October 2006. It received regular updates from the Devolved Administrations and UK

government officials, together with presentations from a number of initiatives that have developed in response to the **Hidden Harm** report. In May 2005, the ACMD commissioned two external consultants to support the Working Group in their aim of influencing government policy and practice. The consultants assisted the Working Group in developing a focused Action Plan, and briefing government on key issues. In 2006, the primary activity of the Working Group was the compilation of this report.

Information included in this report has been selected for its specific relevance to **Hidden Harm**, gathered from a range of sources:

- Working Group members and government officials provided information on progress.
- The consultants gathered further information via a range of networks, conferences and regional government offices.
- The original **Hidden Harm** inquiry team commissioned surveys of maternity services, specialist drugs services and social services in the UK. The findings from these surveys were used to summarise the level of service provision for children of problem drug users and their parents in 2002, when they were conducted. In 2005, the Working Group commissioned a **Repeat UK Survey** of drug treatment providers and maternity services across the UK. In recognition of the considerable changes occurring within children's social services at that time, it was agreed that they would not be included in this follow-up work. Returns were considerably lower than in the original survey, i.e. 255 responses from specialist drugs agencies, and 86 from maternity services, as compared to 418 and 259 respectively in the original survey, with an overall response rate of 25 per cent in the 2006 survey, as compared to 55 per cent in the original survey. However, it generated some useful update information on progress and impact within these services, which has been incorporated into this report.
- In September 2006, the 'Hidden Harm' Working Group circulated a short **questionnaire to Drug Action Teams** (DATs) (or the equivalent lead partnerships) in England, via Government Offices for the Regions, and **Alcohol and Drug Action Teams** (ADATs) in Scotland, with the aim of gaining a **snapshot of progress** on implementation at local level. Responses were received from 45 DATs from six of the nine regions in England, and 21 Local Authority areas within 17 ADATs in Scotland. Information was also provided from each of the four Drug and Alcohol Co-ordinating Teams in Northern Ireland and Community Safety Partnership Plans in Wales.

Focus and structure of this report

This report builds on the scope and focus of the original *Hidden Harm* report. Therefore:

- The focus is on the impact on children born to and/or living with parental **problem drug use**. Issues of **alcohol use** and its effect on children, young people and families was not a main consideration of the original *Hidden Harm* report, and it is not therefore the focus of this update report. However, in Wales, Scotland and Northern Ireland, the implementation processes and actions have addressed the impact of both parental problem drug use and problem drinking, and this is noted in the report. Further, the ACMD recognises that the impact of parental alcohol misuse on children has significant parallels with that of problem drug use, and is in need of separate and priority attention. Information and research material made available to the 'Hidden Harm' Working Group, including the views of commissioners and providers in the field, points to an increased sense of urgency for the impact of parental alcohol use on children and young people to be recognised and acted upon at UK Government policy level. The recent publication, *'Bottling It Up', Turning Point, 2006* (2), provides testimonies of the lives of children and young people affected by alcohol misuse and calls for priority to be given to this issue at government level. The 'Hidden Harm' Working Group takes this issue seriously and returns to it in the Conclusions and Key Learning points chapter of this report.
- The term '**parent**' is used to refer to 'a person acting as a mother, father or guardian to a child'. This includes step parents, partners of natural parents, or other relatives or people acting as carers or guardians to the children.
- The ACMD has a **UK-wide brief** and the recommendations were directed at all four countries in the UK. Therefore, this report provides information in relation to all four countries.

The original *Hidden Harm* report included a specific chapter on '**The voices of children and their parents**'. In this report, we have included the voices of children at the beginning and throughout the report, through quotations taken from research and evaluation commissioned since the original report was published and from the presentation to the Working Group in June 2006 by children and young people from the STARS Forum. We have also included some quotations from workers and others from research, which reinforce the importance of hearing directly from children affected by parental substance misuse. All quotations are sourced.

Hidden Harm 2003 contained six key messages and 48 recommendations, covering broad areas of policy and practice. The six key messages and the 48 recommendations are reproduced as *Appendix 1* and *2* respectively. **This report provides information and commentary on progress on those recommendations where the Working Group had sufficient information and which can be translated most meaningfully into activity to improve outcomes for children born to and living with problem drug users.** In order to consider the impact of the recommendations in each of the four countries of the UK, the following structure has been used, loosely based on that of the original report:

1. **Legal and policy context.** This chapter contains a summary of the response to the recommendations from the UK Government and the Devolved Administrations, as well as outlining key policy developments since the publication of *Hidden Harm*, and commenting on the extent to which these reflect the recommendations.
2. **Estimating the scale of the problem.** This chapter considers the action which has been taken to improve information about the numbers of children and families affected.
3. **The impact of parental problem drug use on children and 'what works'.** This chapter includes some key findings from relevant research, evaluation and other studies which have been published and/or commissioned since the publication of *Hidden Harm*, and which enhance understanding of these children's needs and what works in terms of responding to them.
4. **The practicalities of protecting and supporting the children of problem drug users.** This chapter is split into the following sections and provides information and commentary about progress against the relevant recommendations in *Hidden Harm*.
 - A. **Joint planning and commissioning** covers work undertaken at regional and local level to co-ordinate and integrate planning and commissioning in order to meet the needs of children of problem drug users and their families.
 - B. **Safeguarding and promoting child welfare and protection** covers work at local level, aimed at improving identification of children of problem drug users, assessment of their needs, and joint action to respond to these, captured in multi-agency protocols.
 - C. **Dedicated services for children affected and their families** identifies the range of services and interventions which have been developed to respond to the needs of children of problem drugs users.
 - D. **Maternity and neonatal services** covers work to respond to the needs of pregnant drug users and their babies.
 - E. **Training and information** covers work to improve skills, knowledge and expertise in mainstream services in relation to the impact of parental problem drug use.
 - F. **Children whose parents are involved in the criminal justice system** covers initiatives at national, regional and local level to respond to the needs of children of problem drug users who have one or both parents involved in the criminal justice system.
5. **Conclusions and key learning for the future.** This chapter includes key messages for government, for local policy makers and managers and for practitioners.

Action taken by each Devolved Administration, i.e. Scotland, Wales and Northern Ireland, and by the UK government with respect to England, on each of the above areas is summarised in this report, where that information is available. Where examples of practice have come to the attention of the Working Group, which may be helpful to local commissioners and providers, these are referenced. When selecting examples and case studies for inclusion in the body of this report, the following have been prioritised:

- Initiatives which have been commissioned or developed directly in response to the recommendations of *Hidden Harm*.
- Projects and initiatives which have been externally evaluated or validated.

In addition, *Appendix 4* follows the format of *Appendix 2* in the original report, including brief descriptions and contact details from a sample of services which have been established or further developed in the UK since the publication of *Hidden Harm*.

Whilst this report is not a good practice guide, as that is beyond the remit of the ACMD, it is hoped that the progress made in some parts of the UK will stimulate other parts of the country where work to respond to *Hidden Harm* is less well developed, to take further action.

Comment is made in each chapter about the extent to which particular recommendations have been responded to, based on the information available to the Working Group. However, it is important to note that there is likely to be other activity taking place at local level which has not been reported to the Working Group, or which the Working Group is not aware of.

Chapter 1 - The legal and policy context

"I wish they weren't created – that they weren't doing it and that they weren't selling it."

(Voice of a child attending the STARS Children's Forum)

- 1.1. ***Hidden Harm*** documented the extent and complexity of the 'harms' experienced by the children of problem drug users and outlined the challenges that this presents in developing holistic responses to the needs of these children and their families. The key messages of the report included two which underpin a strengthened and coherent approach:
 - ***"Reducing the harm to children from parental problem drug use should become a main objective of policy and practice"*** and
 - ***"By working together, services can take many practical steps to protect and improve the health and well-being of affected children."***
- 1.2. The publication of ***Hidden Harm*** coincided with proposals by the UK Government for the significant reform of children's services. Implementation of the key messages and the 48 recommendations in ***Hidden Harm*** need to be seen in the context of the far-reaching policy changes that have taken place in the UK over the last three years and still continue, particularly in relation to children's services. The major change programmes in England, ***Every Child Matters: Change for Children*** (47), and Scotland, ***Getting it Right for Every Child*** (3), along with similar change programmes in Wales and Northern Ireland are long-term strategies which are still in the process of unfolding.
- 1.3. Alongside these change programmes, there have been a number of other significant policy developments, including the ***New Strategic Direction for Drugs and Alcohol 2006-2011*** (4) in Northern Ireland, and a major reform of criminal justice services in England and Wales leading to the creation of the **National Offender Management Service**.
- 1.4. This chapter outlines the response of the UK Government and the Devolved Assemblies in Scotland, Wales and Northern Ireland to the publication of ***Hidden Harm***, and sets this in the context of the changing legal and policy climate in the four countries in relation to both children's policy and drugs policy. This is followed by a commentary on progress on the recommendations in the report which focused on this issue, which were:
 - Taking full account of the particular challenges posed by parental problem drug use when revising **child protection procedures**, including addressing issues of staff training, assessment, case management and inter-agency working (Recommendation 10).
 - Ensuring that the **National Children's Service Framework** and equivalent strategic arrangements in Wales, Scotland and Northern

Ireland identify children of problem drug users as a large group with special needs (Recommendation12).

- Reducing the harm to children as a result of parental drug use should be a main objective of the **UK's drug strategies** (Recommendation11)

Further information on progress in relation to joint working at regional and local level is given in Chapter 4, Section A.

The UK Government Response

- 1.5. When **Hidden Harm** was published in 2003, the Department for Education and Skills (DfES) was assigned lead responsibility for co-ordinating the UK government response to the report's 48 recommendations. A **Cross Government Implementation Group** was established, co-ordinated by the DfES, with representation from the Home Office, the Department for Health, the National Treatment Agency (NTA) and the Department for Constitutional Affairs (formerly the Lord Chancellor's Department). There was also representation on this group from the Devolved Administrations.
- 1.6. The **UK Government response** (5), was published in March 2005. By then it had been agreed that each of the Devolved Administrations would produce separate responses, so the UK response briefly summarised the approaches taken in Scotland, Wales and Northern Ireland, but focused its attention on England. The Scottish Executive published and disseminated a separate written response in November 2004. Wales and Northern Ireland did not produce separate published written responses. However, the action that they took is outlined below.
- 1.7. Whilst the ethos of **integration** within the children's change programmes underpinned the approaches of all the four administrations to the implementation of **Hidden Harm**, they each developed **different mechanisms** for cross-government co-ordination and different approaches to this process.

UK Government - England

- 1.8. The **Cross Government Implementation Group**, led by the DfES Children, Young People and Families Directorate, took responsibility for producing the English response to the recommendations in **Hidden Harm**. The response was published in March 2005 and set out in the form of a grid, identifying the lead government department(s) for each recommendation. The government accepted the majority of the recommendations, declining six of them. The response included comments and action on activity which was already happening at the time, as well as planned activity for the future.
- 1.9. The response in England was developed in parallel with the emerging programme of change for children's services. The **Children's Act 2004**

provides the legal context for this programme of reform. The framework for this reform is set out in the series of documents produced under the umbrella of ***Every Child Matters: Change for Children*** (47), which has as its goal the five key outcomes for all children:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic well-being.

- 1.10 The Act and subsequent guidance under the Every Child Matters programme of change includes the following new and revised elements designed to maximise integrated working:
 - the development of integrated **Children's Services Trusts** led by local authorities;
 - the production of annual **Children's Services Plans**;
 - a **Common Assessment Framework** for all children who may be in need;
 - a new joint inspection process – the **Joint Area Review**, based on a detailed Outcomes Framework flowing from the five key outcomes;
 - a set of **common core skills and knowledge** for all workers with children and young people, linked to a comprehensive workforce development programme;
 - the establishment of a **Local Safeguarding Children Boards (LSCB)** by every Local Authority in partnership with other responsible agencies, by April 2006. LSCBs replace, strengthen and broaden the remit of Area Child Protection Committees.

- 1.11. Linked to the Every Child Matters programme of change was the publication of the ***National Service Framework for Children, Young People and Maternity Services*** (NSF) (6), in September 2004. The NSF sets out a ten-year programme of improvement in children's health and well-being, including that of the unborn child, setting standards for the care of children, young people and for maternity services. Delivery of the NSF is the responsibility of the National Health Service (NHS) in partnership with the new Children's Service Trusts and partners.

- 1.12. The other key element of policy in England is the ***Updated Drugs Strategy 2002*** (7), which continues to provide the context for the work of unified Drug Action Teams and Crime and Disorder Partnerships until 2008. The overall aim of the strategy is:

"reducing the harm that drugs cause to society – communities, individuals and their families"

The needs of children of problem drug users are included in the young people element of the strategy, as one of five groups requiring targeted interventions due to their vulnerability to misusing substances themselves.

There is no reference in the strategy to the responsibilities of adult treatment services towards children of parents in treatment.

Consideration is currently being given to how the response to drugs is to be taken forward after 2008 in the new drugs strategy.

- 1.13. The UK Government's approach in England was to embed the recommendations of **Hidden Harm** in the emerging Every Child Matters: Change for Children agenda, linked to the drugs strategy through the Young People and Drugs Delivery Plan agreed by ministers in December 2004. The key mechanism for this approach was the publication of **Every Child Matters; Change for Children – Young People and Drugs** (8), alongside the government response to **Hidden Harm**. This publication sets out how those responsible for the delivery of children and young people's services and the drugs strategy can co-operate and plan comprehensive responses for children and young people who are using or otherwise affected by drug misuse. The **UK Government Response to Hidden Harm** was sent together with **Every Child Matters: Change for Children – Young People and Drugs** to all Directors of Children's Services by the DfES and to all DAT Chairs (or equivalents) by the Home Office.
- 1.14. Responsibility for performance management of the Young People and Drugs Delivery Plan, including action in relation to children of problem drug users, lies with the cross-departmental Young People and Drugs Programme Board. To support this process, the Home Office and the DfES established Joint Regional Teams within each regional government office from February 2005. These consist of regional DfES, NTA, public health, youth justice and drugs and crime staff, and are charged with performance managing and driving forward implementation at local level of **Every Child Matters: Change for Children – Young People and Drugs**. A simple performance framework was developed to assist with this process.
- 1.15. The UK Government - England did not establish a separate cross-government 'Hidden Harm' Implementation Group or resource a dedicated post to oversee this specific piece of work. In October 2005, the ACMD requested ministers from the three key departments, DfES, Home Office and DH, to establish a specific 'Hidden Harm' implementation group. Ministers responded that the arrangements described above were already in place and in their view were sufficient. However, they agreed to receive progress reports on the commitments in the UK Government - England response at the quarterly Ministerial Trilateral Meetings on drugs policy.
- 1.16. The approach outlined above of seeking to embed substance misuse issues within the Every Child Matters change programme has made some progress, for example by the inclusion of a drugs target in the Outcomes Framework under Be Healthy, and a requirement to agree joint targets with DATs in the guidance for the development of Single Plans for children and young people.

- 1.17. Progress on integrating the **specific needs of children of problem drug users** into elements of the children's change programme has primarily related to:
- Inclusion of parental substance misuse in the Common Assessment Framework.
 - Inclusion of parental substance misuse in statutory guidance for Local Safeguarding Children's Boards.
 - 'Hidden Harm' as a specific theme for Phase 2 of the High Focus Area (HFA) initiative, which was launched by DfES in 2005.
- 1.18. Since the publication of ***Hidden Harm*** there has been progress in developing a single unified multi-agency assessment tool and the subsequent introduction of a **Common Assessment Framework (CAF)** to promote earlier recognition and assessment of children with additional needs. The revised CAF materials were published in April 2006, after initial piloting and evaluation in 12 local areas. They include guidance for practitioners and managers, the CAF form, a pre-assessment checklist and supporting tools (9). All local authorities are expected to implement the CAF by 2008. Parental substance misuse is clearly referenced in the CAF form, as a trigger within the sections on family and on the environment, which tells practitioners to refer to child protection processes if a child is deemed to be at risk. Parental substance misuse is included in definitions in the guidance and in the supporting tool for practitioners, along with a specific example as an indicator of a parental situation which might impact on a child. In addition, it has been agreed to make substance misuse a specific theme in the review of CAF implementation scheduled for April 2007.
- 1.19. The final version of the statutory guidance on the composition, focus and operation of **Local Safeguarding Children Boards (LSCBs)** was published in January 2006, in the form of Chapter 3 of the updated ***Working Together to Safeguard Children*** (10). This sets out the requirement that all LSCBs have in place arrangements to promote the welfare and protection of children who are at risk of suffering significant harm due to parental substance misuse and to develop appropriate local protocols for inter-agency working in order to carry this out. This guidance builds on the Messages from Research and Inspection about the impact on children of parental substance misuse, contained in Chapter 8 of ***Working Together***.

Chapter 3 of Working Together to Safeguard Children (10)

Scope of the role of LSCBs

- 3.14. "... responsive work to protect children who are suffering or at risk of suffering significant harm, including:
- children abused and neglected within families, including those harmed: ...as a consequence of the impact of substance misuse" (p.77).

Policies and procedures function

- 3.19. "...agreeing inter agency procedures for s47 enquiries and developing local protocols on key issues of concern such as... children living with domestic violence, substance abuse or parental mental illness" (p.78).

- 1.20. Following publication of **Working Together to Safeguard Children**, the ACMD Chair and Working Group Chair wrote to all the chairs of Drug Action Teams (or equivalent) and LSCBs in March 2006, drawing their attention to the inclusion of the above paragraphs in the guidance and encouraging them to work together to put in place appropriate local arrangements. Specific examples of effective local working by LSCBs on this matter are given in Chapter 4 section B.
- 1.21. In April 2005, the DfES launched the **High Focus Area (HFA)** initiative in 30 Local Authority areas to support progress on implementing **Every Child Matters: Change for Children – Young People and Drugs**. The twin objectives of the HFA initiative are to:
- make an early and sustained impact on the Young People and Drugs joint Public Service Agreement target; and
 - to develop better ways to capture learning from local areas, particularly 'what works' in interventions to prevent drug misuse and improve outcomes for young people.
- Participating areas received additional support from a team of external consultants, which included the facilitation of learning sets.
- 1.22. The HFA status has proved to be a significant lever for encouraging partnership working and change at local level, particularly around the integration of the DAT agenda with the Every Child Matters change for children agenda. Building on this, the HFA initiative has been extended in **Phase 2 2006-07** to include a further 18 Local Authority areas. In this phase, a new model is being introduced which allows for a thematic approach to learning and development, with continuing consultant support.
- One of the nine themes is **Hidden Harm/ responding to family issues** and this is being led by the Government Office for the North East.

- 1.23. In addition to the areas of progress noted above, the **National Service Framework for Children, Young People and Maternity Services** (NSF) (6) has responded to Recommendation 11 of **Hidden Harm** in a number of ways:
- Children of substance misusers are identified in the introduction as one of a number of groups of children "in special circumstances".
 - Parents who are misusing substances are specifically referred to as in need of additional support themselves and for their children in Standard 2 on Parents and Carers.
 - The needs of this group of children are highlighted in Standard 5 on Safeguarding and Promoting the Welfare of Children and Young People. In this standard, substance misuse is identified as a significant factor in abuse and neglect.
 - Arising from this, the specific responsibilities of services which work with adult substance misusers to identify and seek support for users' children are stressed, together with the training implications for workers in these services.
 - Standard 11 on maternity services includes services for women and their partners who are substance misusers as a specific element of good practice and states that "care (for this group) should be by an integrated multi-disciplinary and multi-agency team."
- 1.24. Responsibility for effective treatment of adult drug users, including responses to their families, rests with the National Treatment Agency. In 2006, they published a revised and updated version of **Models of Care for Drug Treatment** (11). This strengthens the references to identifying and responding to the needs of parental drug users and their children in a number of ways:
- including information about whether a client is pregnant and/or may have children 'at risk' at the assessment stage;
 - considering the needs of children during care planning and delivery of care plans;
 - encouraging providers to consider providing "help with children and family issues";
 - including the following requirement within Quality Requirements for providers – QRP4:
"Drug treatment providers ensure that drug service users' significant others have access to support and interventions to reduce harm related to drug misuse. This includes intervening to reduce the risk of (significant) harm to the children of drug misusers and ensuring that significant others and families of drug users have access to support in their own right."
- 1.25. In support of Models of Care for Drug Treatment, the NTA's **Care Planning Practice Guide** (12), published in July 2006, refers to the need to identify child protection issues and share information around these. The joint **Health Care Commission/ NTA improvement reviews** of substance misuse services also include consideration of child safeguarding referrals and arrangements. Changes to the National Drug Treatment Monitoring System are outlined in Chapter 2.

- 1.26. In 2003, the government introduced the **Drug Interventions Programme** (DIP – originally called the Criminal Justice Interventions Programme), initially in a limited number of pilot areas, and subsequently rolled out across England. This programme focuses on drug-using offenders in contact with the criminal justice system and brings together a number of existing initiatives with a new focus on Throughcare and Aftercare, in order to provide coherent and ongoing support and intervention for clients. The extent to which this DIP takes account of parental drug misuse and the needs of children affected is addressed in Chapter 4 Section F.
- 1.27. The increased emphasis by the UK Government in recent months on effective parenting in the **Respect Action Plan** (13) and the **Social Exclusion Action Plan** (14), both published in 2006, has some relevance to **Hidden Harm** and offers possible opportunities to further embed implementation of the recommendations as these action plans unfold. Specific relevant aspects of the Respect plan include developing a network of Intensive Family Support Schemes with its focus on 'challenging families' and on developing a co-ordinated approach across children's and adult's services. The latter point is a strong theme in the Social Exclusion plan, which also emphasises early identification of risks of social exclusion and focusing action on 'what works' and 'multi-agency working' in terms of responses. There is some reference to parental substance misuse in the Respect Action Plan and the Social Exclusion Action Plan recognises that parents in this position may require additional support.

The Scottish Executive

- 1.28. The Scottish Executive's action and response to **Hidden Harm** was set in the context of work already well underway in Scotland to respond to the needs of children of problem drug and alcohol users. This included the priority given to these children in Scotland's 1999 Drugs Strategy, and the subsequent publication of specific good practice guidance on the issue, entitled **Getting Our Priorities Right** (15) 2003.
- 1.29. **Tackling Drugs in Scotland – Action in Partnership** 1999 (16), the current drugs strategy in Scotland, includes a specific action priority, under the Young People pillar, to ensure:
"support for children and young people in vulnerable situations, which includes assessment of the needs of children of drug misusing families and ensuring that - where needed - services are provided to safeguard their welfare."
This is translated into a specific performance target of:
"reducing harm to children affected by substance misusing parents/ carers through improved multi agency support to parents and children",
All Alcohol and Drug Action Teams (ADATs) report on this target annually in their corporate Action Plans.

- 1.30. In February 2003, to support this target, the Scottish Executive published ***Getting Our Priorities Right: good practice guidance for working with children and families affected by substance misuse*** (15). This document was in part a response to the report of the audit and review of child protection services, ***"It's everyone's job to make sure I'm alright"*** (17), November 2002. ***Getting Our Priorities Right*** locates work with this group of children firmly within mainstream arrangements for ensuring the welfare and safety of children in Scotland.

Accordingly, ***Getting Our Priorities Right*** requires Child Protection Committees and Alcohol and Drug Action Teams to put in place joint local policies and protocols to support drug misusing parents and their children.

The messages throughout ***Getting Our Priorities Right*** (15) are:

1. children's welfare is the most important consideration;
2. it is everyone's responsibility to ensure that children are protected from harm;
3. we should help children early and not wait for crises – or tragedies – to occur; and
4. we must work together, in planning and delivering services, in assessment and care planning with families, and in multi-disciplinary training.

- 1.31. In response to the publication of ***Hidden Harm***, the Scottish Executive established a **Hidden Harm Steering Group**. This was led by an official from the substance misuse division of the Health Department and had cross-executive representation. The group advised on the Scottish Executive's separate response to the ***Hidden Harm*** recommendations. ***Hidden Harm: Scottish Executive Response to the Report of the Inquiry by the Advisory Council on Drug Misuse*** (18), was published and widely distributed in November 2004 and was set in the above policy context. The response included information about progress already made and planned against each of the report's 48 recommendations. The Scottish Executive's approach was to build on the firm practitioner-based foundation set out in ***Getting Our Priorities Right***, identify and address any gaps, and ensure wider integration of ***Hidden Harm*** into all major relevant policy developments by Executive departments, particularly the change programme for children's services outlined below.
- 1.32. In 2005, the Scottish Executive published ***Getting It Right for Every Child*** (3). This sets out a comprehensive approach to unifying and integrating services so that children get the help they need when they need it. This change programme for children's services is similar to Every Child Matters in England, although the supporting legislation is not

yet on the statute book. Relevant elements of the programme which are in progress include:

- The new **Integrated Children's Services Planning** framework which requires the development of a single plan agreed with all relevant agencies (e.g. local authorities, NHS Boards, police, child protection and the voluntary sector), to deliver high quality and integrated services for all children and young people, including those who are vulnerable and at risk.
- An **integrated assessment framework**, together with an electronic record based on a child's needs.
- The planning framework is backed by a new Quality Improvement Framework for Integrated Children's Services and by multi-agency **joint inspections** of children's services.
- A **single action plan for a child**, based on integrated assessment, a **lead professional** where needed and electronic records.

- 1.33. Following the publication of the Scottish response to **Hidden Harm**, a wide-ranging consultation process determined views on future priorities. This included a series of consultation seminars with commissioners and practitioners working directly with children and young people, as well as those working on addictions. Families affected by drug use and young people affected by parental drug use were also consulted.
- 1.34. The Executive then put in place the **Hidden Harm Implementation Group** in July 2005, with representatives from external agencies as well as continuing membership from the key departments in the Executive. The group's role was to develop an implementation action plan. The work took account of the consultation outcomes, **Getting Our Priorities Right**, the pre-existing performance targets in the drugs strategy, and the new proposals for the reform of children's services in **Getting it Right for Every Child**. This culminated in the publication of **Hidden Harm: Next Steps; Supporting Children – Working with Parents** (19), in May 2006 which details the ongoing and future activity of the Scottish Executive and its statutory partners. Delivery of the actions set out in **Hidden Harm: Next Steps** is being driven forward by the Ministerial Cabinet Delivery Group for Children and Young People, chaired by the Minister for Education and Young People.
- 1.35. This approach has resulted in a number of areas of progress since the publication of **Hidden Harm**, which are set out in detail in **Hidden Harm: Next Steps**. These include:
- The guidance on **Integrated Children's Services Plans** requires them to be linked with local plans dealing with substance misuse, and identifies children of problem drug and alcohol users as likely to be 'in need'.
 - A ministerial requirement that all Chief Officers of local authorities, NHS Boards and Chief Constables take all reasonable steps to ensure that all children adversely affected by drug misuse are **identified**, that their needs have been **assessed** and that **plans** to meet these needs are being implemented.

- In March 2006, the Ministers for Justice, Health and Community Care and Education and Young People sought letters of assurance from all Child Protection Committees that children living with drug misusing parents had been identified and were being protected.
- All ADATs and Child Protection Committees to have in place local **protocols and policies** for joint working across agencies with children and families affected by substance misuse, in line with ***Getting Our Priorities Right (GOPR)***.
- A pilot **multi-agency inspection** of substance misuse services in 2006. This will assess the impact of these services on the children of clients.
- The requirement on all ADATs from 2004/05 to include specific actions in their plans in relation to ***GOPR*** and ***Hidden Harm***.

1.36. In addition, the needs of children of parental substance misuse are addressed in the following emerging strategies and policy developments in Scotland:

- The updated Scottish Executive ***Plan for Action on Alcohol***, which is due for publication in early 2007.
- The forthcoming ***Children, Young People and Domestic Abuse Action Plan***. This is backed up by inclusion in guidance to Women Multi-Agency Partnerships of a requirement on all Violence Against Women/ Domestic Abuse Partnerships in Scotland to make appropriate links with ADATs.
- The ***Framework for Maternity Services in Scotland*** and the report of the ***Expert Group on Acute Maternity Services***, both of which require maternity services to be tailored to the needs of the individual woman, ensuring optimum quality of care and safety for both mother and baby.

1.37. In 2006, the Scottish Executive started a stock-taking exercise to assess the efficiency and effectiveness of ADATs against the framework of best value. It will provide a robust evidence base to inform future decisions about what partnership framework, funding and accountability arrangements are needed at a local level to deliver ministerial priorities in relation to drugs and alcohol. This exercise will be completed by mid May 2007.

1.38. The development of services for children and families affected by parental drug use in Scotland has been greatly assisted by the **Partnership Drugs Initiative (PDI)**. This is a funding partnership between Lloyds TSB Foundation for Scotland, the Scottish Executive and two other funders. The PDI predates the publication of ***Hidden Harm*** as it started issuing grants in April 2001. The initiative provides grants to voluntary organisations to work with three groups of children and young people, including *"children and young people in families where parents are misusing drugs or alcohol"*. Up to October 2006, the PDI had awarded grants to 102 projects across Scotland, just under a third of which work with children and young people affected by parental substance misuse and their families. This programme has been subject

to extensive evaluation, the findings from which are summarised in Chapters 3 and 4 Section C below.

- 1.39. In addition, one of the priorities within the Scottish Executive's **Changing Children's Services Fund (CCSF)** is developing targeted education, prevention and rehabilitation services for children and young people involved in or affected by drug, alcohol or substance misuse. The CCSF is allocated by local authorities, in consultation with NHS Boards and other key statutory and voluntary sector bodies at local level. In 2004/05, of the £65.5 million allocated to local authorities from the CCSF, £6.3 million was spent on drugs-related projects.

The Welsh Assembly Government

- 1.40. When *Hidden Harm* was published it was referred to the **Welsh Assembly Advisory Panel on Substance Misuse (APoSM)**. This is the public body which advises the Welsh Assembly Government on substance misuse issues. Copies of the *Hidden Harm* report were sent to over 250 organisations in Wales, ranging from maternity services to major voluntary sector bodies, requesting consultation responses.
- 1.41. A **Stakeholder Conference** was organised in September 2004, targeted at Area Child Protection Committee Chairs, Directors of Social Services, Community Safety Partnership Chairs and their Substance Misuse lead managers, and others. Following this APoSM developed a **Framework for Action**, with the following themes:
- Family Support Services, with a focus on the development of protocols
 - Health, with a focus on maternity services
 - Training and awareness-raising across the health and social care workforce
 - Criminal Justice, with a focus on throughcare and aftercare, and on links to prisons and probation via the Drugs Intervention Programme, and to the police
 - Data collection.
- 1.42. The Framework for Action was approved by APoSM and subsequently by the Welsh Assembly Government Cabinet, thereby providing the way forward in Wales.
- 1.43. The Framework was set in the context of the ongoing implementation of the Welsh Assembly substance misuse strategy, **Tackling Substance Misuse in Wales – a partnership approach** (20), which was launched in 2000 and expires in 2008. This strategy covers illegal drugs, alcohol, over the counter and prescription only medicines and volatile substances.

The strategy includes action to respond to children of substance misusing parents under both the Children, Young People and Adults aim and the Families and Communities aim. A key task within the latter is:

"Develop support for children of substance misusing parents which includes assessment of their needs, and where appropriate ensuring that services to safeguard their welfare are provided."

- 1.44. The development of the new substance misuse strategy for Wales has begun, through a process of stakeholder consultation. The outcomes of this consultation will be used to formulate the new strategy, which will be published and circulated in draft in 2007.
- 1.45. The Welsh Assembly Government's strategic policy with respect to children and young people is governed by the 2004 Children's Act and set out in ***Children and Young People: Rights to Action (2004)*** (21). The approach in Wales is to strengthen the current partnership working arrangements. This differs significantly from England in that there are no Children's Trusts, nor integrated structures under a single director. This approach is based on the statutory duty to co-operate between local authorities and their statutory partners as set out in the Children's Act . Key relevant elements of the Welsh Assembly Government's programme of change for children's services include:
 - The requirement on all authorities to produce three-year strategic **Children and Young People's Plans**. Planning guidance will be issued in 2007 and the first plans will cover the period from 2008-2011.
 - The development and piloting of a **Common Assessment Framework** (CAF). The Welsh CAF is being developed for use by all agencies working with children, including those whose primary focus is on adults. It is intended for use with children and young people who have additional needs and those at risk of poor outcomes.
 - The establishment of **Local Safeguarding Children Boards (LSCBs)**, as in England.
- 1.46. The Welsh Assembly Government published its ***National Service Framework for Children, Young People and Maternity Services in Wales*** (22) in September 2005. As in England, this is a ten-year strategy that sets national standards to improve services for children and young people.
- 1.47. The Welsh Assembly Government issues guidance to Community Safety Partnerships (CSPs) on the production of Local Substance Misuse Action Plans, to support the implementation of ***Tackling Substance Misuse in Wales***. Following from the publication of ***Hidden Harm***, specific attention was drawn to the recommendations of ***Hidden Harm*** in the guidance for 2005/08.
- 1.48. The Welsh approach to implementing ***Hidden Harm*** seeks to integrate the key messages and the actions identified in the Framework for Action

into relevant policy developments. Specific actions in the last year include the following (more details are provided below and in later chapters):

- work on training and workforce development;
- guidance to LSCBs and the CAF referred to below;
- work on integrated substance misuse assessment; and
- developing evidence-based interventions.

- 1.49. In devising the specification for the Welsh **Common Assessment Framework**, specific attention has been paid to identifying the needs of children of substance misusing parents.
- 1.50. In 2006, the Welsh Assembly Government issued ***Guidance for Local Safeguarding Children's Boards (LSCBs)*** and for those who work with or provide services to children and families in Wales on safeguarding and promoting the welfare of children. The guidance specifically refers to the children of substance misusing parents and encourages close collaboration between the LSCB, local Community Safety Partnerships (CSPs) and their Substance Misuse Action Teams (SMATs). LSCBs are required to take account of the particular challenges and complexities of work in this area by ensuring that the following are in place:
- appropriate policies and procedures;
 - inter-agency protocols for the co-ordination of assessment and support, particularly across adult substance misuse services and children's services;
 - close collaboration with local CSPs, their SMATs and local substance misuse services, as well as other agencies including health, maternity services, adult and children's social services, courts, prisons and probation services.

Hidden Harm and Local Safeguarding Children Boards in Wales

- To raise awareness of the needs of children of problem drug users and support the above guidance, the Welsh Assembly Government convened a meeting of Area Child Protection Committee (ACPC) Chairs and key members, which the National Children's Bureau contributed to by presenting key findings from their project on assessment, decision making and planning in relation to children of drug misusing parents.
- This theme was strengthened in a series of launch events for the new LSCBs in October 2006.

- 1.52. The ***National Service Framework for Children, Young People and Maternity Services in Wales*** (22) makes a number of specific references to meeting the needs of children born to and living with parental substance misuse, as well as requiring effective links to be in place with Local Substance Misuse Action Plans. These include:

- Agencies are to adopt and implement protocols which ensure that children and young people who are cared for by adults that misuse substances are safeguarded.
- Any pregnant woman who misuses substances must have access to information and advice on a range of appropriate treatments or interventions.
- Pre-pregnancy advice to be provided, including to school-aged children on a number of issues, including the avoidance of substance misuse.

Northern Ireland Executive

- 1.53. The response to the ***Hidden Harm*** report in Northern Ireland was slower to gather momentum. This appears to be partly because there had not been any input to the original Hidden Harm inquiry team from the Northern Ireland Executive. The lead for the response was assumed by the team leading on the Drug and Alcohol Strategy, within the Health, Social Services and Public Safety department. They organised and hosted the International Harm Reduction Association Conference in Belfast in March 2005 and used this to raise the profile of ***Hidden Harm*** in Northern Ireland.
- 1.54. This approach increased interest in ***Hidden Harm*** in the country and led to the establishment of a special interest group on Hidden Harm and Families, as one of the ten which were established to help to develop the new drugs and alcohol strategy.
- 1.55. The Northern Ireland Executive published their ***New Strategic Direction for Alcohol and Drugs*** (4) in 2006. This document sets out a five-year plan with the following overall aim:
"To reduce the level of alcohol and drug related harm in Northern Ireland".
- 1.56. The New Strategic Direction has a set of long-term aims covering treatment, harm reduction, awareness raising, integration with other government strategies, workforce development, prevention work with young people and availability. These are summarised in five 'Supporting Pillars':
 - Prevention and Early Intervention
 - Treatment and Support
 - Law and Criminal Justice
 - Harm Reduction
 - Monitoring, Evaluation and Research.

Cutting across all of the pillars are two themes:

 - Children, Young People and Families, and
 - Adults and the General Public.

- 1.57. The strategy takes an outcome approach and contains a set of key indicators against which to measure its impact. The strategy refers to **Hidden Harm** in a number of places, including setting the specific goal of developing:
"An integrated Hidden Harm strategy for alcohol and drugs".
- 1.58. In addition, the Drugs and Alcohol Strategy Team has funded an extensive **training programme** to support the implementation of the recommendations in **Hidden Harm**. More detail on this is provided in Chapter 4 Section D below.
- 1.59. The Northern Ireland Executive has recently published **Our Children and Young People – Our Pledge: A 10 year strategy for children and young people in Northern Ireland, 2006-2016** (24). This identifies five outcomes for children and young people, which mirror the Every Child Matters five outcomes. The Healthy outcome refers to misuse of substances by children and young people, but not to parental substance misuse. The ten-year strategy includes a commitment to legislate to merge the four existing Area Child Protection Committees in Northern Ireland into one Regional Safeguarding Board with a broader remit similar to that of LSCBs in England and Wales.
- 1.60. 'Hidden Harm' has recently been proposed as one item on the Department of Health (DH), Social Services and Public Safety's Action Plan for delivering on the Children and Young People's Strategy. This provides an opportunity to link the two strategies in a coherent way.

Findings from Repeat UK Survey

- 1.61. The repeat survey of drugs and maternity services asked respondents whether they had read **Hidden Harm** and whether they felt it had resulted in changes in their work. Significantly more of the respondents in Wales (90%) and Scotland (82.1%) had read **Hidden Harm** than in England (59.9%). Respondents in Wales (77.8%) and in Scotland (70.4%) were more likely to think that **Hidden Harm** had resulted in changes in working practice, than in England (56.6%). The number of responses from Northern Ireland was too small to provide statistically valid data.

ACMD Commentary on Progress

- 1.62. This chapter demonstrates that the UK Government in England and the three Devolved Administrations have all responded to the publication of **Hidden Harm** and taken some action to integrate the recommendations within mainstream policy developments, particularly the emerging children's services change programmes.

- 1.63. However, in the ACMD's view, there is clear evidence of differing levels of priority accorded to the actual and potential harm experienced by children of problem drug users across the four countries, and therefore the depth and breadth of implementation has been markedly different. The ACMD believes there are a number of factors which have influenced this picture, above and beyond the acknowledged significant differences in the relative size and complexity of the four countries in the UK.
- 1.64. One of the key challenges of implementing the recommendations in **Hidden Harm** is that they cut across a wide range of services, most notably children's services and adult drug treatment services. It was for this reason that the **Hidden Harm** inquiry identified the need for a coherent and joined-up approach. It is insufficient to locate responses purely within children's services and in the ACMD's view this is why it is critical to have a cross-government structure to take the lead in co-ordinating delivery of actions across children's and adult areas of policy. This reduces the risk of dilution and increases the potential for unified and sustained activity in the future. Whilst the inclusion of 'Hidden Harm' as an item in ministerial trilaterals is welcomed, this does not ensure effective cross-departmental co-ordination for England. It therefore continues to disappoint the ACMD that this approach has been rejected by the UK Government in relation to England.
- 1.65. The approaches in both Scotland and Wales are welcomed by the ACMD. The former's commitment to children of problem drug users predates the publication of **Hidden Harm**, and the Scottish Executive is commended for rising to the new challenges presented by the 48 recommendations and using them to strengthen and fully embed the work in this field. Similarly, the cross-cutting approach used in Wales, with regular reference back to the Welsh Assembly Government Cabinet, represents a robust and accountable way to manage and integrate this complex issue.
- 1.66. One of the key differences between the four administrations lies in the priority accorded to the children of problem drug users within the four countries' **drugs strategies**, three of which predate the publication of **Hidden Harm**. All four strategies are premised on a harm reduction approach.

However, the degree to which they focus on harm to children of problem drug users and to families in general differs markedly. The new **Northern Ireland strategy** includes specific targets in relation to the implementation of **Hidden Harm**. The **Scottish Executive strategy** highlights the importance of safeguarding the welfare of the children of problem drug users and includes a specific performance target in relation to reducing the harm to this group of children. The **Welsh Assembly Government strategy** highlights the importance of developing support for children of substance misusing parents, with the aim of "safeguarding their welfare". Both these strategies set the

potential harm to children of problem drug users in a child development context.

- 1.67. In contrast, the **English drugs strategy** focuses on children of problem drug users only in so far as they are more at risk of becoming users themselves. There is no specific reference to safeguarding and promoting children's welfare within a child development context. This means that the work to integrate the targets on young people in the drugs strategy into the **Every Child Matters: Change for Children** agenda has been driven by preventing them from becoming users themselves, and so has inevitably focused on inclusion under the 'Be Healthy' outcome. Whilst this is a sensible approach to achieving the prevention of drug misuse targets, the ACMD does not consider it sufficient leverage to ensure a specific focus on safeguarding the wider welfare of children of problem drug users, which falls clearly within the 'Staying Safe' outcome.
- 1.68. The ACMD is aware of an increasing emphasis in England on drug-related crime as the main form of 'harm' which the strategy is designed to reduce. This emphasis has taken priority within the expansion of drug treatment services over the last five years, and the ACMD is concerned that this focus has resulted in a neglect of treatment services' responsibilities towards the children of their clients in performance management terms. In the forthcoming debates around the new drugs strategy from 2008 onwards, it is critical that this narrow focus is broadened to include a specific objective to reduce harm to children affected by drug misuse in their families. This should be embedded within the performance management framework, drawing on the positive lessons from Scotland and Wales and the approach now adopted in Northern Ireland.
- 1.69. A number of other recent strategies offer opportunities to address the specific needs of children of problem drug users. These include the National Service Frameworks for children and young people's health and maternity services, the Respect Action Plan and the Social Inclusion Action Plan. However, it is not yet clear how each of these initiatives will incorporate responses to children of problem drug users and their families within local delivery mechanisms.
- 1.70. The ACMD considers the following as helpful **markers of progress**:
- Inclusion of specific reference to parental substance misuse in **Working Together** – Paragraphs 1.19.–1.20.
 - Inclusion in the **Common Assessment Framework** for England – Paragraph 1.18.
 - Inclusion of children of problem drug users as a key theme in **High Focus Areas initiative Phase 2** – Paragraphs 1.21 –1.22.
 - **Getting Our Priorities Right** in Scotland – Paragraph 1.30.
 - **Welsh Assembly Government Hidden Harm briefings** and launch events for **Local Safeguarding Children Boards** Paragraph 1.50.

- Northern Ireland's ***New Strategic Direction for Alcohol and Drugs***
– Paragraphs 1.55.–1.57.
- The co-ordinated and integrated approach to addressing parental drug and **alcohol misuse** in the three Devolved Administrations.

Chapter 2 - Estimating the scale of the problem

"I always thought I was the only one, you know, who had a Mum who does drugs."

(Ten year old male – Evaluation Report on West Dorset pilot project (35))

"I think the most difficult ones to reach are the ones that aren't attached to [services] or GPs.... Because parents are keeping the drug problem or issue secret so nobody knows about it."

(Project Worker – Evaluation report Lloyds TSB PDI 2006 - (25))

- 2.1. Chapter 1 of ***Hidden Harm*** estimated that there were between 200,000 and 300,000 children of problem drug users in England and Wales, and 41,000–59,000 children of problem drug users in Scotland. No estimate was made of numbers of children of problem drug users in Northern Ireland.
- 2.2. It is beyond the scope of this report to assess whether these estimates remain accurate or have changed. It is noteworthy, however, that despite the increase in the availability of literature which examines the prevalence of substance use at a general population level, this literature does not provide new or different data on the number of family members affected by parental substance misuse. The recent scoping study commissioned by the Scottish Executive, ***Looking Beyond Risk, 2006*** (26), reinforces the message that three years on the method used by the original ACMD inquiry to calculate the figure for children affected is the best estimate still available for children affected by problem drug use in Scotland. It states:
"clear and methodologically sound attempts to measure and validate the numbers of children and families affected by substance misuse are severely lacking." p.2.
This picture concurs with work carried out in a number of Local Authority areas, which identified that local data information systems were neither consistent or detailed enough to support an accurate local picture of need for children affected by substance misuse, (e.g. London Borough of Barnet (45)).
- 2.3. The ***Hidden Harm*** inquiry had difficulty arriving at accurate estimates, partly because of the limited information held on the drug treatment monitoring systems in the four countries of the UK at the time, as well as a lack of systematic recording and identification of children in these circumstances by mainstream children's and maternity services. Therefore, there were several recommendations in the report aimed at improved recording to better understand prevalence rates. These included:
 - Recording whether a client engaged in drug treatment has dependent children and where they are living, (Recommendations 1, 2 and 9).
 - Routinely recording problem drug and/or alcohol use by pregnant women (Recommendations 3 and 8).

- Recording problem drug or alcohol use by a child's parents by social service children and family teams (Recommendation 8).

Update - UK Government - England

- 2.4. The core dataset for the **National Drug Treatment Monitoring System** for England was updated from April 2006. Details of parental status are one of the 'regional' fields in the core dataset, data from which will only be collated if regions require it. However, in March 2006 the National Treatment Agency required all regions to collect this information, in line with the recommendations of ***Hidden Harm***. Hence all treatment service providers are now required to record information on whether users in treatment have dependent children and where these children are living and, as far as the ACMD is aware, a number of regions are now collecting these data. Information now collected includes:
 - Children living with client
 - Children living with partners (if not residing together)
 - Children living with other family member
 - Children in care
 - Client pregnant (and no other children).
- 2.5. So that each drug-using offender in contact with the criminal justice system gets continuity of care, the Drug Interventions Programme (DIP), which is described in more detail in Chapter 1, has revised the **Drug Interventions Record (DIR)**. This is the common tool for use by Criminal Justice Interventions Teams (CJITs) and prison service Counselling, Assessment, Referral, Advice and Throughcare services (CARATs) teams. The DIR now includes questions about whom the individual is living with and a free text area where more detail can be given, including about issues/ action needed relating to families and/or dependents.
- 2.6. There is a new **minimum maternity data set** currently being developed, for routine data collection, that aims to link with child records. Previously there has been no known data collected in maternity services on substance misuse. At the time of writing, the questions on substance misuse in the draft dataset do not adequately meet the recommendations of ***Hidden Harm***. However, efforts are currently being taken to ensure that appropriate questions are included.
- 2.7. Although not a statutory requirement, an increasing number of **Local Safeguarding Children's Boards**, and their predecessors, Area Child Protection Committees, have begun to record when parental alcohol and/or drug misuse is a factor in child protection case conferences and registrations. However, many of these systems are still on paper, rather than in electronic format, and therefore they do not generate consistent information. Specific examples of local work on needs assessment and data gathering are given in Chapter 4, Section A.

- 2.8. Since the original **Hidden Harm** report, much progress has been made in developing a single unified multi-agency assessment tool and the subsequent implementation of a Common Assessment Framework (CAF) to promote earlier recognition and assessment of children with additional needs. This provides a generic tool for all children and an opportunity for children's services to record information about parental substance misuse. However, in its current format, the CAF does not constitute the common recording mechanism envisaged by the original enquiry team to identify and record children affected/living with parental substance misuse.
- 2.9. In those local authorities where mechanisms are in place to capture causal factors relating to child protection registrations, parental substance misuse, mental health and domestic abuse are known to be significant factors. Accordingly, the recent Commission for Social Care Inspection special study report on **Supporting parents, safeguarding children** (27) (see Chapter 3), highlights concern at the limitations of recording by local authorities of data on child protection registrations, whereby they are currently only required to enter the category of abuse, i.e. physical, emotional, sexual or neglect.
- 2.10. In addition, the introduction of the new electronic **Integrated Children's Systems** (ICS) within all Local Authority children's services offers opportunities to capture consistent data about children's needs. However, there is currently no requirement that these systems include specific information about parental substance misuse, although some Local Authority areas may choose to include this as a specific field.

Update – Scotland

- 2.11. The **Scottish Executive** Report '**Looking Beyond Risk**' (2006) (26) notes the need for more robust methods to measure and validate the number of children and families affected by substance misuse. Additionally, it notes that child protection statistics do not always consider the role of parental substance misuse. Consequently, this report calls for clearer national and local data and estimates drawn from the most reliable methodologies in order to drive forward Scottish policy in this area.
- 2.12. The **Scottish Drug Misuse Database** has undergone a fundamental review since the publication of **Hidden Harm**. Forms are completed for each new client of drug treatment services, including clients returning to treatment after relapse. From April 2006, a new form with additional fields has been introduced. At initial assessment, workers are required to collect information on the number of dependent children of the client (biological or those they care for 'as a parent'); ages of these children; whether the children live with them or not; and whether the client or their partner is pregnant. At follow-up (usually three and 12 months), and at discharge, this information is collected again.

Workers are also asked to record whether the client is receiving an intervention relating to their children and which type of organisation is providing this. This will provide a regular source of information about children born to and living with problematic drug users who are in contact with drug treatment services in future, as well as a link to other services working with the family.

- 2.13. The Scottish Executive is working with NHS Boards to require healthcare professionals to collect information about dependent children of substance misusing patients as part of the contract specification. This information will mirror the data collected for the expanded Scottish Drug Misuse Database.
- 2.14. The **maternity record** and the neonatal discharge record in Scotland includes a field for information about the use of drugs in pregnancy. This includes the use of illegal drugs, street drugs, solvents and gases, and also drugs prescribed as a substitute for drug(s) of addiction to alleviate withdrawal symptoms. However, this is an optional item on the record and not all maternity units use these fields. Since the publication of **Hidden Harm**, NHS Health Scotland has commissioned an audit of practices and opinion relating to routine recording of data on substance misuse in pregnancy, with a view to improving recording during the ante natal period. The outcomes of this research will be published in 2007.
- 2.15. **Getting Our Priorities Right** (15) stresses the importance of accurate recording of both ante natal and post natal data, as well as early identification and recording of parental substance misuse by children's services. This is supported in the protocols which have been developed in many areas in Scotland, on the basis of **Getting Our Priorities Right**. All such protocols include mechanisms for collating and monitoring these data including the outcomes of cases.

Update – Wales

- 2.16. The Welsh Assembly Government's Performance Management Framework Project, set up in 2004 to help to manage the delivery of Tackling Substance Misuse in Wales, established an All Wales Standardised Data Collection and Recording System. Recording is undertaken by all providers of substance misuse treatment services and includes the following questions about clients' children:
 - number of children under 18 who are not living with the client; and
 - number of children under 18 living with the client.

Update – Northern Ireland

- 2.17. The Northern Ireland Drug Misuse Database (DMD) was established in 2000 and collects information about problem drug users presenting themselves to drug treatment services. For clients who give their consent for their details to be recorded on the database, information about their living circumstances is recorded. This includes whether they are 'living with spouse/ partner and children' and whether they are 'living with dependent children only'. Data for the last three years are recorded below, as this information was not available to the original **Hidden Harm** inquiry team.

Table 1: Living circumstances of drug treatment service clients in Northern Ireland

Type of information requested	2003/04	2004/05	2005/06
With spouse/partner and children	15%	13%	10%
With dependant children only	3%	3%	4%
Number of problem drug users	1,409	1,746	1,666

Source: Statistics from the Northern Ireland Drug Misuse Database.

Findings from Repeat UK Survey

- 2.18. The repeat survey of drugs services identifies significant improvements in recording of information about dependent children of drug users in treatment, as can be seen from the table below.

Table 2: Frequency of information collected by specialist drug agencies

Type of information requested	2002	2006	Change
Number of clients' dependent children	68%	82.4%	+ 14.4%
Age of children	61%	76.9%	+ 15.9%
Gender of children	53%	70.2%	+ 17.2%
Children's living arrangements	59%	77.6%	+ 18.6%
Children's needs	30%	43.1%	+ 13.1%
Parenting needs	34%	45.5%	+ 11.5%

Source: Are the harms still hidden? An assessment of change in service responses to drug using parents and children of drug users, D. Best *et al.*, 2006

17.5 per cent of drug services also indicated that they had altered their recording practices in relation to pregnant drug users, which suggests further improvement since the original survey.

- 2.19. All but one of the maternity services which responded to the repeat survey routinely assess for problem drug use in expectant mothers and all routinely assess for problem alcohol use. Whilst this is positive, it cannot be taken as representative of all maternity services in the UK, as it is probable that services with a high commitment and specialist provision for pregnancy and substance misuse are overrepresented amongst the respondents to this survey.

ACMD Commentary on Progress

- 2.20. Whilst the ACMD considers that there has been some progress in requiring adult drug treatment services to record information about their clients' children, this is not consistent across the UK. The data being gathered in Scotland since April 2006 on the children of substance misusers are the most robust of the four countries and may offer a model for the other administrations to consider. This is also the only system that records information about whether parents are receiving any interventions in relation to their parenting and/or children's needs, which could potentially be used as a trigger for assessment for a child and parent's needs for support, where this is lacking. The ACMD is aware of a number of regions in England which are now routinely collating data from treatment services on clients' children and this is welcomed. However, it is unclear whether this is yet happening in all regions, as these questions do not currently form part of the mandatory section of the database.
- 2.21. The addition of questions about children of DIP clients in the Drug Interventions Record (DIR) is welcomed by the ACMD. There appears to be scope for information from the DIR, as well as the National drug treatment monitoring system (NTDMS), to be used to inform local needs assessment and planning.
- 2.22. Information available to the Working Group on routine recording by maternity services was limited, although the repeat survey indicates that this practice is increasing.
- 2.23. The extent of progress in relation to overall improvement in recording mechanisms within Local Authority Children's Services is not currently known, as repeat survey information was not gathered for this purpose. However, information gathered by the Working Group suggests that in some Local Authority Children's Services where client information systems have been significantly overhauled in recent years, the ability to capture information about children affected by parental substance misuse has improved. The introduction of the Integrated Children's Systems and the CAF provide considerable scope for improving recording information on children affected by parental substance misuse but at this early stage, the ACMD are unaware whether children's services have received national guidance on this objective.

In addition, these systems are designed to improve identification of children's needs, and are not currently structured to provide local, regional or national prevalence data.

- 2.24. It remains a matter of concern that currently there is no requirement in the UK for Safeguarding/ Child Protection Units or Services to routinely record and monitor the extent of parental substance misuse as a significant contributory factor in referrals for case conferences and child protection registrations. An equal concern is the absence of a requirement for, and national guidance supporting the routine recording and monitoring of referrals to Local Authority Children's Services for children affected by parental substance misuse.
- 2.25. The ACMD considers the following as helpful **markers of progress** in this area:
- Requirement from the NTA for all regions in England to collect data on the children of problem drug users – Paragraph 2.4.
 - Expansion of Scottish Drug Misuse Database to routinely capture data on children of problem drug users – Paragraph 2.12.
 - Inclusion of questions in the Northern Ireland and Wales databases on children of problem drug users Paragraphs 2.16. and 2.17.
 - Increased recording reported in repeat survey – Paragraphs 2.18.– 2.19.

Chapter 3 - The impact of parental problem drug use on children and 'what works' – lessons from research and evaluation

“When I was about 15, she was smoking ... £105 a week it was costing her. She was only getting £115 in benefits.”

(19 year old male, Joseph Rowntree Foundation Research 2004)

- 3.1. Chapter 2 of the original ***Hidden Harm*** report documented the many ways in which the lives of children born to and living with parental or carer problem drug use are affected. This drew on findings from research, and the report called for further research to be undertaken in a number of areas, to increase understanding of the impact:
- Studies to look at the links between maternal problem drug use and congenital and developmental abnormalities in the child (Recommendation 3).
 - Studies into the incidence of transmission of Hepatitis C between female drug users and their babies (Recommendation 4).
 - Longitudinal studies into the impact on children of parental problem drug use, both those living with the user(s) and those living elsewhere (Recommendation 5).
 - Evaluations of interventions aimed at responding to the needs of this group of children (Recommendations 5 and 14).
- 3.2. This chapter summarises research which has been commissioned in response to and/or disseminated since the publication of ***Hidden Harm***, which specifically focuses on children of problem drug users. The Working Group is aware of research programmes that relate to ***Hidden Harm***, but have not been commissioned specifically in response to its publication. These are not described in here, but are included in the list of useful reading at the back of the report. This chapter also refers to evaluations of national initiatives which have been undertaken since the publication of ***Hidden Harm***. On the basis of the research referred to below, a commentary is given on the extent to which knowledge about the impact of parental substance misuse on children has improved, and outstanding gaps.

Update – UK Government - England

- 3.3. The UK government response declined Recommendations 4 and 5, and its response to Recommendation 3 focused on recording and not on further research. The government's view on Recommendation 4 was that there was sufficient evidence already available about Hepatitis C transmission, and its view on Recommendation 5 was that a longitudinal study was not a priority.

- 3.4. However, the government's **Evidence Base Sub Group** of the Young People's Aim Delivery Group (of the National Drugs Strategy), which is convened by the Department of Health, commissioned the National Collaborating Centre for Drug Prevention in 2004 to conduct a strategic overview of the current evidence base on young people's drug use and interventions to respond to it. The purpose of this review was to identify any gaps in the current evidence base, so that government could determine its future research priorities. A key element has been the evidence base relating to the impact of parental problem drug use on children at all life stages. The latter review was presented to the Evidence Base Sub Group in August 2006 and identified the following significant gaps:
- A lack of research into the effects of maternal drug use and treatment during pregnancy.
 - A lack of longitudinal research in the UK on the effects of parental drug misuse on children.
 - Almost no UK research on the role of fathers who misuse drugs, as existing research has focused only on mothers.
 - Lack of research into resilience strategies adopted by drug-using parents, children and families which lead to reductions in risk and improved outcomes.
- 3.5. In addition to this review, a number of other pieces of research and evaluation have been commissioned by government relating to children and young people affected by substance misuse. Some of these include work with children of problem drug users. The majority have been commissioned as part of the evidence base strand of the Young People and Drugs Public Service Agreement (PSA) delivery plan, which focuses primarily on the prevention of substance misuse by vulnerable children and young people themselves. The Working Group is aware of the following pieces of work which include a specific focus on children of problem drug users:
- Evaluation by Mentor UK of the Children's Charities Working Together on Drug Prevention project. This project has been commissioned by the Department of Health's National Drug Prevention Development Team and is described in more detail in Chapter 4 Section C. The evaluation is ongoing.
 - A recently commissioned evaluation by the National Collaborating Centre for Drug Prevention of the Middlesborough Families First project. More information about the project is provided in Chapter 4, Section C.
 - Action research for Devon DAAT, involving consultation with professionals, parents/carers who use drugs and children whose parents use drugs. The aim is to use the material gathered to inform more effective approaches to service provision and delivery.
- 3.6. In addition, the Department of Health's National Drug Prevention Development Team have commissioned the following pieces of evaluation, which include an element relating to children of problem drug users:

- Ongoing evaluation of the Adfam – Families and Substance Misuse: A Peer Support and Education programme.
 - Research and piloting by Mentor UK of drug prevention initiatives for young people in coastal and ex-mining areas.
- 3.7. In June 2005, the Department of Health Drug Misuse Research Initiative, known as ROUTES, commissioned the Policy Research Bureau to undertake a study into interventions supporting and meeting the needs of children and young people who have drug-misusing parents or carers. This study is being conducted in three phases, including (a) a literature review, (b) a scoping study of available services for children and young people and (c) an in-depth study of approximately ten services identified in the second phase. A final outcome report identifying interventions which work to support the needs of this group of children and young people will be submitted to the Department of Health in March 2008.
- 3.8. In 2003, in direct response to *Hidden Harm*, the Department of Health commissioned the National Children's Bureau to undertake a three-year action research and development project entitled '**The Children of Drug Misusing Parents Project**' (CDMP). Based on activity in two Local Authority areas, the CDMP set out to identify the key challenges faced by front-line practitioners working with children affected by parental substance misuse from the point of referral (to social services) through to permanency planning for those who could not safely remain at home. The intended outcome of the project was to identify a good practice model relevant to all front-line practitioners.

NCB Children of Drug Misusing Parents Project

Key project findings included:

- A lack of over-arching inter-agency strategic planning for work with children affected by parental substance misuse resulted in a lack of formalised mechanisms for joint planning or service delivery. This created uncertainty and tension between Adult and Children's Services about roles and responsibilities for this group of children.
- The absence of single and/or inter-agency protocols/guidance equated with uncertainty and inconsistency amongst practitioners about triggers and thresholds for concern and referral into Children's Social Services.
- In the absence of this guidance, practice tended towards incident-led responses, repeat initial assessment and absence of core assessment, a focus on the adult, lack of knowledge about drug use and its impact in parenting, inconsistent pre-birth planning and reactive rather than proactive interventions.

NCB Children of Drug Misusing Parents Project

The project concluded that important areas for change included:

- The development of a multi-agency response, including local forums to promote interagency communication; the production of shared policies and protocols identifying individual and interagency roles and responsibilities.
- Support for practitioners to develop confidence and competence. This included child care workers having an understanding of substance use, substance use workers having an understanding of children's needs as well as training and support to carers.
- The development of family-focused services which include responses supporting direct work with children. (29)

- 3.9. In February 2006, the Commission for Social Care Inspection (CSCI) published a special study report, ***Supporting parents, safeguarding children. Meeting the needs of parents with children on the child protection register*** (27). This report arose from growing concern, among other things, about:

"the adverse impact of the increasing separation of children's and adult services on the strategic planning, commissioning and delivery of services for families",

particularly those families facing serious challenges including substance misuse.

The report documents the challenge for health and social services in ensuring that children and their parents get enough help early enough to ensure their safety and well-being. The report reinforces the need for joint assessments between adult and children's services and the need for inter-agency protocols to support this.

"Whilst not a panacea, inter-agency protocols provide guidance, promote the importance of and deliver expectations in relation to joint working."

The report concluded that where such protocols were in place, there was evidence of good practice.

- 3.10. While not commissioned as research, key issues arising from the **learning sets** for Phase 1 of the **High Focus Areas** initiative provide some useful messages, many of which concur with lessons from research summarised elsewhere in this chapter. These include:
- The lack of reliable and consistent data on children living with drug misusing adults.
 - Challenges in relation to defining and measuring successful outcomes of work in this field.
 - The identification of the following specific factors which have facilitated progress in meeting the needs of children living with drug misusing adults:
 - Effective management of the tensions which arise between adult and young people's services.

- A co-ordinated family support strategy.
- Co-ordination of the work of individual family/ parents support workers in different agencies.
- Dedicated services to provide immediate support to children living with drug-misusing adults.
- Ensuring that the needs of these children are on both the DAAT and children's services agendas.
- Identification of the specific factors that have hindered progress including:
 - Uncertainty about future funding for 'Hidden Harm' projects and initiatives, which are typically short-term funded and limited have capacity in the mainstream.
 - Some reluctance to share information and work collaboratively across adult treatment services and children's services.
 - The performance management framework, which restricts work in this area.

Update – Scotland

“I used to hate myself, I used to slit my wrists and everything just cause of life an’ all that..... they make you realise that you’re doing something that not a lot of people do.”

(Extract from Evaluation Report of Lloyds TSB Foundation PDI 2006 (25))

- 3.11. The Scottish Executive, in their **Response to Hidden Harm** (18) referred to a number of studies which had already been carried out in Scotland or were being undertaken at that time, which contributed to the information about the impact of parental problem drug use on babies and children. The Scottish Executive Drug Misuse Research Programme identified children of drug-using parents as one of its priority themes in their programme published in June 2004.
- 3.12. The relevant programmes of research over the last three years are listed here. More information on the last two studies is given below:
 - An Aberdeen-based study of babies born to substance misusing mothers, which focuses on the impact of community-based, structured assessment aimed at identifying babies with continued or late-onset neonatal abstinence syndrome (NAS). This was published in September 2006.
 - An evaluation of young people's projects funded by the Lloyds TSB Foundation for Scotland **Partnership Drugs Initiative**.
 - A scoping study, entitled **Looking Beyond Risk**.
- 3.13. The Lloyds TSB Scotland **Partnership Drugs Initiative** (PDI) funds projects across Scotland delivering services to three groups of children and young people, one of which is: *“children and young people in families where parents are misusing drugs”*. More information about the PDI is given in Paragraph 1.38. The **evaluation**, carried out by the Centre for Drug Misuse Research at the University of Glasgow, was

published in two reports. The first was published in 2004 (30), and focused on a range of process issues, identifying factors which underpin good practice.

The second report was published in 2006 (25) and consisted of a detailed process and outcome evaluation of four projects, one of which is a young carers' project and one a family-based intervention with drug-using parents (primarily mothers) and their children. The findings from these specific project evaluations are included in Chapter 4 Section C.

Both evaluation reports have enhanced understanding of 'what works' in terms of children and young people and drugs, and specifically in relation to work with children and their families where there is parental problem drug use. In its final conclusions on the evaluation of projects working with children and young people, the PDI evaluation team noted that their success, which is considerable, stemmed in part because of the flexibility and open approach of the services to tailor their work to the direct needs of the children and young people involved. It suggested that projects working with children and young people to provide interventions which lessen the impact of parental substance misuse, may not need to be standardised, tightly specified or highly sophisticated in order to improve the circumstances of its users. The report called for:

"these sorts of projects to receive mainstream support so that they can be made more widely available for those who require them."
(25)

- 3.14. Lloyds TSB commissioned its own ***Evaluation of the Partnership Drugs Initiative*** (31) which was published in 2006. This report identified a number of learning points, including:

- The success of the matched funding approach. In total the fund has allocated £9.25 million over the five years of its operation to date, leveraging in a further £9.25 million.
- The effectiveness of a number of elements of the PDI 'model' including the links which it required applicants to have with ADATs and other local mainstream providers.
- The limited impact the initiative has had on mainstream spend by the statutory sector. Those projects now reaching the end of PDI funding are *"with few exceptions, experiencing difficulties in securing mainstream resources to sustain their services."*
- The importance of investment in evaluation of innovative initiatives such as this.

In relation to the 29 projects which provide services to families and to children and young people affected by parental substance misuse, the PDI was found to have supported projects ***"which have effectively joined up adult services with children's services and have enabled:***

- Adult services to develop services for the children of users.
- Children's services to develop specific services targeted at the children of substance using parents.
- The development of services for entire families where there are problems of substance misuse."

- 3.15. The most recent research publication in this field by the Scottish Executive is a comprehensive report entitled ***Looking Beyond Risk***, 2006, (26). This is a scoping study on parental substance misuse, commissioned from the University of Bath, with support from the University of Birmingham. The research included an in-depth and detailed literature review, identified a number of key gaps in the literature available, and included recommendations for the Scottish Executive to help to strengthen effective practice in relation to services for children of parental substance misusers and their families.

Looking Beyond Risk – Key Findings (26)

- Evidence of a shift in recent years, both in research and in practice, away from an over-emphasis on risk towards an understanding that many of these children are resilient or have the capacity to develop resilience. *"This allows those delivering services to identify and promote resilience factors and processes in children and families affected by substance misuse."*
- Welcoming the recent increase in services and interventions for children and families in Scotland, but stressing the need for continuous expansion and increased investment, particularly in relation to early intervention and prevention and work with whole families.
- The importance of ensuring rigorous evaluation of interventions, focusing on outcomes as well as process.
- The need for further work to draw on the views of children themselves, including in relation to resilience factors.
- The importance of understanding the complexity of the impact of parental substance misuse on children, and seeing it as part of a far wider, multi-dimensional picture, which often includes domestic abuse, mental health issues and/or a range of deprivation factors, and identifying 'what works' in response to this complexity.
- The need to improve recording of parental substance misuse, linking it where relevant to other factors, such as domestic abuse.
- Lack of research into the experiences and needs of particular groups of children including siblings, those living in rural areas, those from Black and Minority Ethnic communities, those living with domestic violence or parental mental health problems, and those who have a parent who has died or is in prison as a result of substance misuse.
- Lack of research involving fathers and grandparents.

Update – Wales

- 3.16. A recent scoping exercise to inform the emerging Welsh Substance Misuse Research agenda also identified research into the causes of transference from non-problematic to problematic drug use as a priority. Parenting responsibilities will be considered as one of these factors for investigation.

- 3.17. In addition, the Welsh Assembly is taking forward two pieces of work which will enhance understanding about what works and inform service development:
- Scoping the need for and the possible development of an **Evaluated Early Parenting Intervention Project**, which would focus on intervention at an early stage in a parent's substance misuse before there is a need for crisis intervention. The aim is to develop an evidence-based model, which can be piloted with built-in external evaluation.
 - A cost-benefit analysis, commissioned by the Assembly Government's Children and Young People's Cabinet Sub-Committee of the **Option 2** Scheme in Cardiff, and the Vale of Glamorgan, which is described in more detail in Chapter 6 Section C. This is with a view to determining the scheme's effectiveness in preventing the removal of children of problem drug users into Local Authority care.

Update – other research

- 3.18. In addition to the studies referred to above, the ACMD received copies at its June 2005 meeting of the following study, commissioned by the Joseph Rowntree Foundation and published in 2004:
- 'Parental drug and alcohol misuse: resilience and transition amongst young people.'*** (28)
- This report explores the current and retrospective experiences of 38 young people, at the time of the study aged between 15 and 27, who had at least one parent with a drug or alcohol problem. The research was conducted using in-depth qualitative interviews, to examine these young people's views on their childhood, their current situation and their futures. Many of the quotations used throughout this report are the words of the young people interviewed for this piece of research, portraying disrupted and difficult lives. However, the report identifies a number of 'resilience factors' which have helped many of these young people to survive. Particular emphasis was placed on a wide range of sources of informal support.

***'Parental drug and alcohol misuse: resilience and transition amongst young people.'* – Key Findings (28)**

The report identifies a number of policy and practice implications:

- The need for integrated policy and service provision extending from childhood into young adulthood.
- The need for sensitive handling when young people disclose and share information, ensuring that young people's own views are taken seriously.
- Enabling young people to take part in debates and decisions about the support that they need.
- The importance of services that support children when living with the substance misuser and thereafter. Young carers' groups and non-stigmatising services were especially appreciated.
- Youth-oriented services can help as young people develop plans for their future and set up independent lives.
- The importance of recognising the impact of alcohol misuse on children, and its links to domestic violence, not allowing it to be overshadowed by a focus on drug misuse.

ACMD Commentary on Progress

“Children formulate opinions about their social, political and cultural contexts that are not simply reflective of their parents' ideas... if children had greater access to a public voice through vehicles such as research, they would be able to contribute to the social structures that concern them.”

(Irwin and Johnson, 2005, quoted in Looking Beyond Risk (26))

- 3.19. This chapter demonstrates that a considerable amount of research and evaluation of initiatives has been commissioned in the UK since the publication of ***Hidden Harm***. However, the ACMD is concerned at the apparent duplication of effort and investment which may be taking place in this field across the UK.

To the ACMD's knowledge, there are two substantial literature searches referred to above and a third in the pipeline. These searches appear to overlap to a significant degree and come to similar conclusions, at some length and not inconsiderable cost to government. This is despite the existence of a joint Research and Information Working Group which aims to co-ordinate research on drug use across government departments in the UK and the Republic of Ireland.

- 3.20. In addition, the ACMD is aware that research is taking place outside the national arena, and important learning and knowledge is emerging and influencing policy and practice at the front line. Additional information on some of this is included in Chapter 4.

- 3.21. Meanwhile, there appears to be less investment in qualitative research involving direct contact with children and young people themselves, such as that exemplified by the Joseph Rowntree study, and recommended in ***Looking Beyond Risk***. The ACMD welcomes this aspect of the ROUTES research brief.
- 3.22. This chapter also refers to the growing volume of literature which enriches understanding of what works most effectively in terms of responses to the needs of children of problem drug users. The key messages include:
- the shift away from focusing on negative risk factors, towards identifying factors which promote resilience;
 - the need to find ways to work across children's and adult health and social care services;
 - the importance of working flexibly and creatively with children and with their families, and providing options and choices with and for them.
- 3.23. Key gaps in current research and evaluation include the lack of:
- longitudinal studies;
 - research involving fathers and other family members, apart from mothers;
 - research focusing on the experience and needs of particular groups of children, including those where parental substance misuse is linked to other issues, such as domestic abuse.
- 3.24. It is particularly important in the ACMD's view to ensure that these messages from the literature about 'what works' are widely disseminated to managers and practitioners in relevant fields. Ways of sharing the findings of research and evaluation more effectively across the UK need to be found.
- 3.25. The ACMD considers the following as helpful **markers of progress**, which offer **opportunities for future learning** in this area:
- Joseph Rowntree Report – Paragraph 3.18.
 - Looking Beyond Risk – Paragraph 3.15.
 - CSCI report Supporting parents, safeguarding children – Paragraph 3.9.
 - The NCB Children of Drug Misusing Parents project – Paragraph 3.8.
 - Investment in evaluation of 'what works' and research to support effective interventions in England, Wales and Scotland, particularly the PDI Evaluations – Paragraphs 3.13. and 3.14.

Chapter 4 - The practicalities of protecting and supporting the children of problem drug users

- 4.1. Most of the recommendations in the original ***Hidden Harm*** report (15-48) arose from Chapter 7 on practicalities. The original chapter was divided into sections relating to particular services. In this report, the recommendations are grouped slightly differently.
- 4.2. This chapter focuses on those recommendations which are most relevant to the contemporary climate in the four countries of the UK, and which can be translated into meaningful activity to improve outcomes for children of problem drug users. In addition, these are the areas about which the ACMD's Hidden Harm Working Group has gathered sufficient information to provide a useful commentary on progress.
- 4.3. The sections of this chapter where information and a commentary is provided are:
 - A. Joint planning and commissioning
 - B. Safeguarding and promoting the welfare of children and their families
 - C. Dedicated services for children affected and their families
 - D. Maternity services
 - E. Training
 - F. Children with parents in the criminal justice system.
- 4.4. Unless otherwise stated in this chapter, Recommendations referred to were accepted by the UK government.

A. Joint planning and commissioning

“And she never came home for four days. And I had like, I had to cook and clean ... and put my sister out to school. Get her up. Em, and then it just got worse and worse for her there. Like I used to have to phone hospitals and stuff and police stations because she wouldn't leave notes at times. And she'd just disappear and I was always scared in case she was ... lying somewhere, dead or something.”

(21 year old female, Joseph Rowntree Foundation Research (28))

- 4.5. The first section of Chapter 7 in the ***Hidden Harm*** report posed the question:

'How can services work together better?'

This led to a number of recommendations which focus on effective joint commissioning of services and on improving joint working and co-ordination. These cover the following areas:

- The NTA ensuring that adult treatment services liaise effectively with child protection and other services working with children to ensure that the needs of children of users in treatment are met (Recommendation 13).
- Drug Action Teams and their equivalents ensuring that safeguarding the interests of children of problem drug users is an essential part of their strategy (Recommendation 15).
- Cross-representation between Drug Action Teams and children's service planning structures (Recommendation 16).
- Effective links between drug treatment services, maternity services and health and social care services, leading to co-ordinated, multi-agency responses (Recommendations 15, 17 and 20).

- 4.6. Underlying these recommendations and much of the ***Hidden Harm*** report is the need for joint working across different disciplines and agency boundaries. This is captured as one of the six key messages at the beginning of the report:

"By working together, services can take many practical steps to protect and improve the health and well-being of affected children."

This section outlines work which has taken place since the publication of ***Hidden Harm***, at regional and local level in England, at ADAT and Local Authority level in Scotland, at CSP level in Wales, and at local level in Northern Ireland. In particular, it provides information about the following:

- Cross-agency working groups and other mechanisms for co-ordinating and 'championing' ***Hidden Harm*** implementation.
- Needs assessment, mapping and auditing of provision.
- Development of local 'Hidden Harm' action plans and integration of these targets into DAT and children's service plans.
- Other evidence of joint working across services, not covered in later sections of this chapter.

Update – England Regional Work

- 4.7. In the North East Region, under the auspices of the Joint Regional Team for Every Child Matters: Young People and Drugs, the Government Office has specifically prioritised 'Hidden Harm' through the creation of a **Regional 'Hidden Harm' Network**, and the development of a comprehensive action programme aimed at encouraging and supporting the implementation across local areas in its region.

Government Office North East 'Hidden Harm' Network and Action Plan

The response was co-ordinated by the Joint Regional Team, involving Home Office (drugs), NTA and DfES regional staff. This collaborative approach enabled the engagement of commissioners and providers from a range of sectors and has modelled integrated working to local areas. The key initiatives so far have been:

- A regional 'Hidden Harm' Conference, held in February 2005, which attracted over 400 expressions of interest, from which 200 delegates were able to attend. This conference provided a catalyst to build the regional collaboration.
- Establishment of a Regional 'Hidden Harm' Network, comprising representatives from each of the (12) local 'hidden harm' networks, a Young Carers Service representative, and two grandparent primary carers. This network meets quarterly and is facilitated by the Government Office to:
 - Support local networks.
 - Share and disseminate policies, protocols and effective practice.
 - Develop collaborative responses where this will add value.
 - Promote the implementation of the regionally developed 'Hidden Harm' Audit Tool, adapted and updated from the original 'Hidden Harm' survey questionnaires. (32)
 - Organise regional seminars to promote promising models of service delivery.
 - Facilitate the piloting of 'hidden harm' training materials.
 - Develop a quarterly regional briefing outlining local, regional and national initiatives on 'Hidden Harm'.
 - Provide briefings for regional DfES Children's Services Advisors on 'Hidden Harm' issues to feed into Local Authority Priority Meetings as part of the Children's Services Improvement Cycle.

Future plans for the North East 'Hidden Harm' Network include:

- Acting as lead for the 'Hidden Harm' theme in Phase 2 of the High Focus Areas initiative.
- Roll-out of regional training initiative on and delivery of the Strengthening Families Programme.
- A further Regional 'Hidden Harm' Conference in February 2007 to be shaped and informed by children and young people affected by parental substance misuse.

- 4.8. As far as the ACMD is aware, this is the only English regional government office to have developed and led the co-ordination of a

specific 'Hidden Harm' network. However, a '**Hidden Harm' Practitioners' Network** has recently been launched in the South West region, facilitated by local DATs.

Update – England local action

- 4.9. The snapshot questionnaire of Drug Action Teams or their equivalents in England yielded 47 responses, which represents just under a third of DATs in the country. Three regions are not represented in this snapshot, but information has been made available to the Working Group from some local areas within these regions.
- 4.10. Approximately half of the areas which responded (23) have organised 'Hidden Harm' workshops, conferences and briefings to **raise awareness** of the report and the issues it covers and to promote joint working to respond to the needs of children of problem drug users. Some of these events were used to launch new multi-agency protocols; others took the form of training workshops. Some other areas are planning events for the autumn of 2006. Some examples are briefly described below:
- **Devon and Torbay DAAT** areas have organised two multi-agency conferences in the last two years. More than 100 people attended each conference and feedback showed that delegates were keen to keep highlighting the issue and developing strategies to respond to it.
 - **Newcastle** held a multi-agency dissemination event, following on from the North East 'Hidden Harm' conference in 2005, and followed this up with a series of individual briefing sessions for probation, social work teams, shared care GPs, family support services, Genito-Urinary Medicine and contraception clinics and adult drug treatment groups.
 - **Islington** held a series of workshops with teams in children's services, statutory and voluntary sector substance misuse services and midwives to raise awareness about 'Hidden Harm' and discuss specific practice issues for each group. They are planning a multi-agency borough-wide event for November 2006, to introduce the new 'Hidden Harm' related services in the borough and raise awareness about the range of services available to support individuals and families where substance misuse is a feature.
- 4.11. Of the DAT areas which responded to the snapshot questionnaire, 31 have undertaken or are currently undertaking some form of **needs assessment**, mapping and/or audit of provision specifically related to **Hidden Harm**. One other DAT is planning to undertake a needs assessment, and five have covered it within their broader Young People and Substance Misuse needs assessments. The type of audit or needs assessment varies. Those in the North East Region have primarily used the audit tool developed by the regional network. A number of DATs have commissioned consultants to carry out the work. Others have audited child protection cases in their area.
- 4.12. In 25 of the DAT areas which responded, specific '**Hidden Harm**' **task or sub groups** have been established. A further six areas are planning

to establish such groups. Another ten areas cover the issue through groups with a wider brief, primarily young people's joint commissioning groups, but in some cases, Local Safeguarding Children's Boards or management groups. The majority of areas where specific groups have been established indicate joint reporting routes to both the DAT commissioning structures and the Local Safeguarding Children's Board and/or children's services planning structures.

- 4.13. The overwhelming majority (40) of respondents reported **good links** with children's service planning arrangements in relation to this issue. Fewer reported good links with LSCBs (25), although several others indicated that work to improve these links was in progress.
- 4.14. In terms of DATs' self assessment against the target in the ***Every Child Matters: Young People and Drugs*** relating to children of problem drug users, this has made steady progress, as demonstrated by the statistics below.

English DAT Red/Amber/Green Ratings

In September 2006, 47 (33%) DATs or their equivalents in **England** rated themselves as Green in their Young People and Substance Misuse self-assessment checklist with respect to the question below. Ninety-two (64%) rated themselves as Amber, with the remaining five (3%) giving themselves a Red rating. This represents a significant improvement on September 2005, when 24 (17%) rated themselves as Green, 101 (70%) as Amber and 19 (13%) as Red.*

"Green = Children of problem drug users have been identified in strategic planning for children and young people's services. Appropriate mainstream and specialist provision in place.

Amber = Children of problem drug users identified in strategic planning for young people, but limited provision in place.

Red = Not included in strategic planning."

- 4.15. In the snapshot, the majority of DAT areas which responded reported that they have developed or are in the process of developing **specific action plans** to address the recommendations of ***Hidden Harm***. Thirty-five of the areas which responded reported that 'Hidden Harm' targets were included in the DAT plans, many within their Young People and Substance Misuse Plans. Nineteen areas reported that specific targets relating to the children of problem drug users were included in their local Children and Young People Plans, although several indicated that this was not specified within the overarching Single Plan but was included in the more detailed delivery plans supporting the Single Plan. Insufficient information was provided to indicate which of the five Every Child Matters outcomes 'Hidden Harm' work was included in, although a

minority of respondents said that this work was located both in the 'Staying Safe' and the 'Be Healthy' elements of the plan.

- 4.16. A broad brush analysis by government of the three-year Children and Young People's Plans published in April 2006, identified that just under a third of the plans included an assessment of the needs of children of problem drug users and action to address their needs. However, only ten plans, i.e. eight per cent identified this group as a priority and set specific targets in relation to meeting their needs. This compares with 80 per cent of the same plans identifying the reduction of young people's own drug use as a priority, and 94 per cent setting targets on this, most of which fall under the 'Be Healthy' outcome.
- 4.17. The types of action which DATs responding to the snapshot questionnaire identified as positive areas of progress included multi-agency training, developing protocols, producing information materials, and developing specific posts and services targeted at work with children of problem drugs users, their parents, and/or families as a whole. More information about these initiatives is included in later sections of this chapter.
- 4.18. Some illustrative examples of the range of approaches to co-ordinating the implementation of **Hidden Harm** in England are described in the boxes over the following pages. More details can be obtained from the contacts given. In addition, examples of the work of 'Hidden Harm' co-ordinator posts are included in Section C below.

Nottinghamshire Drug and Alcohol Action Team 'Hidden Harm' Response

The needs of children and young people affected by someone else's drug use has been high on the agenda of the Nottinghamshire County DAAT Partnership for many years. They have commissioned a specialist service for children affected since 2000, called 'What About Me' (WAM). In January 2006, a multi-agency Steering Group was established involving senior managers from a wide range of organisations, and feeding in to the DAAT Board, the DAAT Young People's Joint Commissioning Group, the Nottinghamshire County Safeguarding Children's Board, and the Women's Strategic Steering Group. Since its formation, the Steering Group has published a report estimating the scale of 'hidden harm' in the county, based on the statistical analysis used for the original **Hidden Harm** report. From this and a self assessment against the **Hidden Harm** recommendations, the group has agreed an action plan, underpinned by the 48 recommendations, with the following priorities for 2006/07:

- Drug services
- Maternity services
- Training and workforce development
- Probation and prisons.

Nottinghamshire County DAAT Tel: 01623 414114 ex.6918

Doncaster *Hidden Harm* Action Plan

Doncaster Drug Strategy Team commissioned external consultants in 2005 to audit provision in the borough in relation to ***Hidden Harm*** and facilitate two half-day Stakeholder Workshops. The first provided information and mapped current strengths and weaknesses. The second developed a borough-wide Action Plan, which was taken forward by a multi-agency Task Group, and has since been endorsed by the LSCB and the Safer Doncaster Partnership.

Doncaster Drug Strategy Team Tel: 01302 312171

Gateshead *Hidden Harm* Response

Gateshead DAT organised two sessions with professionals from many disciplines in 2006. The first was to raise awareness of the messages in ***Hidden Harm***, and to inform colleagues that they would be interviewed about issues for their agency or department. The second event brought everyone back together to hear the initial findings from the interviews and to update them on progress. Following the interviews a report and executive summary are being written with recommendations. A third event will be held at the end of 2006 to consult on the executive summary and from then a small task group will be formed to carry the work forwards.

Gateshead Substance Misuse Commissioning Team Tel: 0191471538

Camden 'Hidden Harm' Sub Group

This is a newly formed sub group, chaired by the Assistant Director for Social Care and Safeguarding Children, Schools and Families Directorate. The purpose of the group is to provide a strategic overview and steer the development of services to meet the needs of children of substance misusing families. Membership consists of high level professionals from adult and children's services across statutory and voluntary sectors. Their work will be directly informed by ***Hidden Harm*** and the Working Together guidelines. The group reports to both the Local Safeguarding Children's Board and the DAT.

Camden DAT Tel: 020 794 1322

- 4.19. One particularly innovative approach to integrated working is that adopted by Nottingham City and outlined in the box below.

Nottingham City 'Hidden Harm' Working and Core Offer

- Two 'Hidden Harm' posts have been established in Nottingham under the management of Local Authority Children's Services, in order to implement the targets in the Young People's Substance Misuse Plan relating to children affected by parental substance misuse. One post has responsibility for Adult Drug and Alcohol services and the other for Children's Services. These posts are managed by the Young People's Strategic Lead for Drugs and Alcohol. The team focuses on ensuring consistent and joined-up approaches are delivered across the workforce in mainstream services.
- In order to support the process of mainstreaming work with children affected by parental substance misuse, all specialist services and posts within Nottingham have collaborated together and developed a **Core Offer** to the emerging Children's Centres in the city. This includes the above posts, the city's STARS Project (The Children's Society), Compass Young People's Drug and Alcohol Service, Regents House family support service, the Specialist Midwife in Substance Misuse and Head 2 Head (CAMHS service for under 18-year-olds).

Nottingham Young People's Drug & Alcohol Strategic Lead: 0115 9151961

Update – Scotland

- 4.20. Scotland has 22 Alcohol and Drug Action Teams (ADATs). Some of these cover more than one Local Authority area and have ADAT-wide and Local Authority level action on 'Hidden Harm' taking place. In some areas, there is also action across a sub-region involving several ADATs.
- 4.21. The snapshot questionnaire to ADATs yielded responses from 17 of the 22 ADATs, including individual responses from 21 Local Authority areas and one city addictions service. Mechanisms for joint planning and commissioning of services in this field in Scotland are well established, under the banner of **Getting Our Priorities Right** (GOPR). With the publication of **Hidden Harm**, ADATs and Local Authority areas have broadened their brief to cover GOPR and **Hidden Harm**. In this way, the impact of parental alcohol misuse is addressed alongside parental drug misuse.
- 4.22. Many ADATs and Local Authority areas (13) have held conferences, workshops and briefing sessions on **Getting Our Priorities Right** and, more recently, on **Hidden Harm**. Others (3) have conferences planned for late 2006. The remainder have incorporated the issues into training events and standard multi-agency meetings.

- 4.23. All of the ADAT and Local Authority areas which responded to the survey have undertaken (18) or are in the process of undertaking (3) needs assessments, audits, and/or service mapping exercises in relation to the impact of parental substance misuse on children. Several ADATs have put in place regular information-gathering exercises, such as that described below.

**East Renfrewshire
Needs Assessment/ Audit of children of substance misusers**

- Data and assessment of needs/ risk of all dependent children whose parents attend the substance misuse team are gathered at initial point of contact with the service users through the use of the specialist Single Shared Assessment of Substance Misuse.
- Data are gathered on all children subject of child protection enquires to assist in service development.
- A six-monthly audit is carried out looking at the caseload with the substance misuse team and identifying all service users with children. Details of children's ages, locations and social work status are also recorded. This is used for statistical monitoring purposes and identifying changes/ trends.

East Renfrewshire Substance Misuse Team Tel: 0141 577 3368/4027
East Renfrewshire Child Protection Unit Tel: 0141 577 3367

- 4.24. The majority of ADATs and Local Authority areas (16) which responded to the snapshot questionnaire have established or are in the process of establishing Getting Our Priorities Right/ 'Hidden Harm' task groups. The remainder (5) address the issue within their joint planning structures across children's services and the ADAT.
- 4.25. The snapshot questionnaire responses from Scotland demonstrate a high and consistent level of joint working with Child Protection Committees (CPCs), and with children's services. A significant majority of respondents reported that links were good, with many of the GOPR/ 'Hidden Harm' task groups chaired by Child Protection or children's services lead managers, and all respondents had some links with both CPCs and children's services.
- 4.26. All of the 22 ADATs in Scotland include actions to respond to the needs of children and families affected by parental substance misuse in their Corporate Action Plans. All the respondents to the snapshot survey reported that they included specific actions in their Integrated Children's Services plans.
- 4.27. The actions identified in the plans are similar to those in England, covering protocols, information, training and specific posts, services and interventions for children and families affected.

There was more reference to direct consultation with and involvement of children and families themselves in the development of plans than in the English responses, although specific questions about this were not asked in the survey.

- 4.28. The examples below illustrate the robust arrangements in place in many areas in terms of joint working, and reflect the high priority given to this group of children and their families in many parts of Scotland.

Pan Grampian 'Getting Our Priorities Right'/ 'Hidden Harm' Group

This was established to oversee implementation of GOPR and **Hidden Harm** across the region. The group is chaired by the Acting Lead Officer and Police Inspector for the North East Scotland Child Protection Committee and has representatives from Aberdeen City, Aberdeenshire and Moray Substance Misuse and Children's Services, as well as other CPC representatives. One area in the region conducted a gap analysis and drew up an Action Plan, which lists what needs to be done by whom in order to ensure compliance with both documents.

NESCPC Tel: 01224 814639

Argyll and Clyde ADAT Summit Meeting

Argyll and Clyde ADAT organised a joint Summit Meeting in August 2005, bringing together the five area Child Protection Committees (CPCs), with the ADAT Strategic Group to discuss and share responsibilities in relation to **Getting Our Priorities Right** and **Hidden Harm**. In addition, the ADAT facilitated a sub group of members from the five CPCs and addiction managers. This group meet regularly to exchange good practice and also wrote and disseminated a practitioner guidance Handbook in March 2006 entitled:

Working with Children and Families Affected by Substance Misuse

This takes as its starting point that:

"All children and young people in Scotland have the right to be cared for and protected from harm and to grow up in a safe environment in which their rights and needs are respected. The welfare of children is paramount. Every adult in Scotland has a role in ensuring all our children live safely and can reach their full potential" (Protecting Children and Young People, Framework for Standards, Scottish Executive March 2004).

The Handbook also takes account of **Hidden Harm** Recommendation 17, on drug and alcohol services' responsibilities to wards the children of their clients.

Greater Glasgow & Clyde ADAT Tel: 0141 201 4444

Update – Wales

- 4.29. In Wales information was obtained from Community Safety Partnerships (CSPs)
- 4.30. CSPs in Wales have undertaken specific actions relevant to ***Hidden Harm*** as part of the delivery of their Substance Misuse Action Plans, and they have further actions in their 2005/08 plans. These include the following areas:
- Conferences and briefing events
 - Collaborative working and joint commissioning
 - Needs assessment and mapping
 - Direct service provision for children and/or their families, and in relation to maternity services
 - Awareness raising and training.
- 4.31. Some relevant specific examples of joint working from Wales include:
- Two adjacent partnership areas in **South Wales** worked together to hold a ***Hidden Harm*** Conference, with the aim of raising awareness of the report and its recommendations. They targeted Community Safety Partnerships, managers of substance misuse, nursing, and social services, and members of Local Health Boards. They are currently using the material from the conference to develop a local response to ***Hidden Harm*** across the two areas.
 - In one **Gwent** partnership area, the county borough is undertaking a specific Substance Misuse Needs Assessment aimed at identifying the prevalence of parental drug use and its effect on children and young people.
 - One **south Wales** partnership is mapping current substance misuse provision, and from this producing a local, prioritised implementation plan on the recommendations in ***Hidden Harm***.
 - In one partnership area in **Dyfed Powys**, Childcare and Social Services in the Local Authority have identified named contacts for each service specifically for substance misuse issues, and substance misuse services have been made aware of these.

Update – Northern Ireland

- 4.32. As stated in Chapter 1, work in Northern Ireland to respond to ***Hidden Harm*** has taken some time to get off the ground. However, the publication of the ***New Strategic Direction for Drugs and Alcohol*** in 2006 includes specific targets for each of the four local Drug and Alcohol Co-ordinating Teams (DACTs) in relation to ***Hidden Harm***. These targets cover 18 months from the publication of the strategy and the DACTs will be performance managed against them.

- 4.33. All the DACTs have links with Children and Young People's services and planning arrangements, and with their local Child Protection Committees. Their 'Hidden Harm' targets are jointly owned.
- 4.34. It is early days for work on 'Hidden Harm' in Northern Ireland. Hence the focus of the targets is on developing and agreeing strategies, developing joint-working protocols, and integrating responses to the needs of children affected into mainstream work. The points below give a flavour of the commitments in the DACT plans:
- **The Eastern DACT** is working on 'Hidden Harm', jointly with the Children's Services Planning Joint Strategic Group on Family Support and Child Protection. They have identified the following areas for attention:
 - Development of protocols for addiction, family and child protection services.
 - Training across both sectors to address parental substance misuse more effectively and support the children affected by such misuse.
 - Consideration of innovative approaches to substance misuse.
 - **The Southern DACT** has incorporated 'Hidden Harm' objectives into their current tendering process for adult drug and alcohol treatment services, and is including 'Hidden Harm' targets into the objectives for drug and alcohol workers' posts and monitoring requirements.
 - **The Western DACT** is working with Children's Services Planning and their Children and Young People's Committee to develop an Integrated 'Hidden Harm' Strategic Approach. This includes investing in specialist training, ensuring that their new Youth Treatment, Counselling and Support Service is available to young people who are living with parental substance misusers, and prioritising this group of children in their Small Grants Scheme. They are giving particular attention to the impact of parental alcohol misuse on children.

Findings from Repeat UK Survey

- 4.35. One of the questions in the repeat survey of drug treatment services was whether joint working on pregnant drug users had improved in the last three years. 45.5 per cent of drugs services which responded said that this had improved – the most significant area of improvement that they reported in relation to their work with pregnant drug users. A similar percentage of respondents, 44.7 per cent, reported that there was improved joint working around drug-using parents or their children, and again this was the area showing the highest level of improvement.

ACMD Commentary on Progress

- 4.36. This chapter demonstrates that the publication of ***Hidden Harm*** has had a significant impact on joint working in relation to planning and commissioning of services for children affected by parental substance misuse in all four countries in the UK.

- 4.37. The strongest picture emerges from Scotland, where **Hidden Harm** has been used to build on work already underway as a result of the performance target in the drugs strategy and the subsequent publication of **Getting Our Priorities Right**.

However, it seems that there is scope for some areas of Scotland to learn and develop from those with well-established joint commissioning and co-ordination.

- 4.38. The increase in the number of DATs in England self assessing themselves as Green on the **Every Child Matters: Young People and Drugs** performance checklist is welcomed. However, the emerging picture in England remains patchy. There is evidence of some excellent and innovative joint working in some parts of the country. This includes the North East region, where responses suggest that they have made good use of the **regional network** and the opportunities that it has provided to move the agenda forwards in that part of the country. This demonstrates that strong regional leadership can produce positive results on the ground, across a range of DATs, urban and rural, large and smaller. There is also some evidence that areas which had **High Focus Area** status in its first phase have made reasonable progress on this issue, and the decision for the Government Office North East to lead the 'Hidden Harm' theme in the current phase bodes well for those areas which have HFA status.
- 4.39. The snapshot questionnaire returns from English DATs included several references to the ACMD's letters to DAT and LSCB Chairs (see Paragraph. 1.20.). This has clearly acted as a useful lever to engage actively with emerging LSCBs on this agenda, which suggests that a strong lead from the DfES on this matter with LSCBs would help prioritise implementation of the relevant paragraphs in **Working Together**.
- 4.40. The information available from Wales and Northern Ireland suggests that work to address 'Hidden Harm' is under way in all CSP and DACT areas.
- 4.41. The ACMD considers the following to be **markers of progress** and to provide **opportunities for future learning** in relation to joint planning and commissioning:
- The North East Government Office model of regional working – Paragraph 4.7.
 - The effective joint-working arrangements between many DATs/ ADATs and LSCBs/CPCs.
 - The inclusion of children of problem drug users as a key group for attention in the majority of Scottish Integrated Children's Service Plans and in some English Children's Service Plans.
 - Action on 'Hidden Harm' in all Welsh CSP, Northern Irish DACT and Scottish ADAT plans and a significant number of English DAT plans.

- The specific examples of innovative action, e.g. Nottingham City's Core Offer to Children's Centres – Paragraph 4.19.
- The commissioning of specialist 'Hidden Harm' co-ordinator posts, within the context of effective partnership working on this issue.

B. Safeguarding and promoting child welfare and protection

“My dad was injecting, that eh and he used tae batter my mum. He used tae batter me. My brother, it was just at the time me and my wee brother, and we used tae get battered. And there was a time my dad battered me and my mum and I actually took tae go to court... But I cannae remember because when I was younger my dad was intae drugs and he used tae beat us. He used tae batter us, beat us up, whatever you want tae call it.”

(22 year old female, Joseph Rowntree Foundation Research (28))

4.42. The chapter on Practicalities in the original ***Hidden Harm*** report did not include a section with this title. However, there was a range of recommendations for social work children and families' services, and a number of other recommendations which refer to identification, referral, assessment and joint work to safeguard and promote the welfare of children affected by parental substance misuse. This section provides information on progress on implementing those recommendations designed to improve the mainstream response to children living in households where there is parental problem drug use. This is set within a context of wider legislative, policy and development changes which have taken place or are still evolving since ***Hidden Harm*** was published and which are outlined in Chapter 1. The section does not assess the impact of those recommendations which focus on fostering, residential care and adoption as insufficient information was available to the ACMD Working Group on these.

- 4.43. The recommendations addressed below cover the following issues:
- The need for an accurate and shared common assessment framework for all professionals working with children and families (Recs. 8, 29.i.)
 - The need for protocols to support joint working to respond to the needs of children of problem drug users (Recommendations 13, 43, 29.iv).

In addition, there is some cross referencing to recommendations covered in previous sections relating to recording and identification of children of problem drug users.

Update – England

- 4.44. As cited in the original ***Hidden Harm*** report, the ***Department of Health Framework for the Assessment of Children in Need and Their Families, 2000*** (DH Framework) (33), remains the driver and primary

guidance for Local Authority Children's Services assessment procedures and processes. This continues to be complemented in England by the supplementary framework for substance misuse, based on the **SCODA Guidelines**, 1997 (34).

Whilst all Local Authorities have in place assessment procedures and processes based on the DH Framework, the extent to which guidance relating to parental substance misuse is either embedded within this or supported by complementary specialist protocols varies around the country.

- 4.45. Prior to the publication of the revised **Working Together** in 2006, ACPCs, now LSCBs, in England were not mandated to produce local protocols in support of consistent and co-ordinated multi-agency assessment of children living with/affected by parental substance misuse. However, this position has now altered with the new requirements in Chapter 3 of **Working Together to Safeguard Children**, (see Paragraph 1.19.).
- 4.46. The snapshot questionnaire to English DATs and other information brought to the attention of the ACMD Working Group identifies a number of Local Authority areas where action has been taken with respect to assessment and protocols in response to **Hidden Harm**. It is not possible from the data available to the ACMD to estimate what proportion of local areas have specific protocols in place, although the information gathered suggests that implementation is inconsistent around the country.
- 4.47. Of the 47 DATs which responded to the snapshot questionnaire, well under half (19) reported having some form of protocol in place for joint working around child protection and parental substance misuse. Eight of these are currently under review. A further ten said that protocols are currently in development or in draft form.
- 4.48. Where local inter-agency protocols for work with children of substance users have been produced, they have been welcomed and well supported across all agencies working with adults and children, underpinning a shared understanding and co-ordinated approach to work with children affected.
- 4.49. Information suggests that in such areas, within the climate of change brought about by the wider Every Child Matters programme, the prioritisation of children affected by parental substance misuse is being integrated into the new structures and functions of LSCBs as well as the reconfigured Local Authority Children's Services.
- 4.50. The protocols are largely either stand-alone protocol/practice guidance produced by local ACPCs, now LSCBs, or supplementary guidance embedded within local child protection procedures. Examples of local

protocols in place or in development which the ACMD is aware of include those below:

- **Hartlepool** has a Parental Substance Misuse Protocol, between their Local Safeguarding Board, their children's services and their Substance Misuse Service.
This is supported by Enhanced Risk Assessments within the Substance Misuse Service, for parents using drugs who have children in the household. They also have school policies for identification and referral which operate across all schools and pupil referral units.
- **Croydon** LSCB is currently leading the development of a Joint Service Protocol to meet the needs of children and the unborn whose parents or carers have mental health, substance misuse problems or a learning disability.
- **Surrey** has a multi-agency Good Practice Guidance on working with substance-using parents.
- **North Tyneside** recently launched their Policy on Parental Substance Misuse and its impact on parenting.

- 4.51. A number of areas were in the forefront of developing multi-agency working and protocols to support this in response to the needs of children of problem drug users in England. These include Bolton and Sheffield. Since the publication of ***Hidden Harm***, these areas have further developed their work in this field, as exemplified below.

Sheffield Safeguarding Children Substance Misuse Development Project

- This project was established in 1999 and located within the Child Protection (now Safeguarding) Unit. It has responsibility for the ongoing development, co-ordination and monitoring of city-wide activity related to children affected by parental substance misuse.
- It has well developed data systems which ensure the effective recording, collection and collation of child protection statistics relating to children affected by parental substance misuse.
- Well established systems and mechanisms are in place, which support the recording and monitoring of all children born to substance misusers.
- The project uses information available from data on child protection registrations and case conferences to monitor trends and areas for ongoing development.
- An annual audit of social work case files is carried out by the project in order to monitor practice standards, trends and training needs which are subsequently prioritised.
- The project provides specialist input to the local multi-agency child protection training programme.
- The project has responsibility for the translation of all national guidance into local procedures/practice guidance and to this end a local multi-agency protocol on inter-agency working and assessment with families affected by parental substance misuse has been in operation since 2000.
- It has had an historic reporting arrangement to its ACPC/LSCB and clear joint commissioning arrangements are in place with the local DAAT.

Tel: 0114 273 5490

- 4.52. A number of the DATs reported that they are working to ensure that the **Common Assessment Framework** (CAF) is used to assist early identification of the children of problem drug users. While this provides a useful opportunity, as outlined in Chapter 1, the CAF is designed to complement rather than replace any existing inter-agency assessment processes for children affected by parental substance misuse and in particular existing mainstream assessment processes developed within the DH Assessment Framework. The main aim of the CAF is to help practitioners assess children's needs for services at an earlier stage, using a standardised format for all practitioners to record their concerns about children and where appropriate take further action either on their own or through joint working and referral to other services. Based on the five outcomes within the Every Child Matters Framework, the introduction of the CAF represents a shift of focus from dealing with the **consequences** of difficulties in children's lives to **preventing**, where possible, the emergence of such problems.
- 4.53. The National Children's Bureau's toolkit (29) for practitioners is a further resource supporting work to improve outcomes for children of substance misusers and their families. It became available at the end of the Hidden Harm Working Group's lifetime and was the key product of the Children of Drug Misusing Parents Project, commissioned by the Department of Health (further information on the project is included in Chapter 3).

NCB Practitioner Toolkit

In October 2006 the NCB published '**Adult Drug Problems, Children's Needs: Assessing the Impact of Parental Drug Use – A Toolkit for Practitioners**'. This toolkit offers practical advice, support and training materials to support enhanced social work assessment, decision making and care planning within a multi-agency approach. It is aimed at practitioners in Children's, Health, and Drug Services to help them deliver informed, consistent and joined-up responses to this group of children and their families.

For more information and copies of the Toolkit, Tel: 0207 843 6314

- 4.54. The pilot Family Drug and Alcohol Court Project is a recent innovative initiative being developed in London.

Pilot Family Drug and Alcohol Court Project

A pilot project is proposed by the London Boroughs of Camden, Islington and Westminster, CAFCASS, Wells Street Inner London Family Proceedings Court and Brunel University. Based on a six-month feasibility study to consider the adaptation of this USA family drug court model, the main aims of this initiative are to reunite children with their parents and ensure those who cannot return home have permanent placements as quickly as possible.

The proposed process includes:

- The setting up of a specialist family court in Wells Street with two family court judges assigned to oversee individual cases throughout proceedings. Families where proceedings are being considered are channelled into this court.
- A team of professionals are attached to the court offering social work support, housing and fast track to drug treatment support which is monitored and overseen by the Court.
- Clear timescales are put in place by the Court, based on individual needs of children and parents.

Tel: 020 79741322

Update – Scotland

- 4.55. The publication in February 2003 of ***Getting our Priorities Right*** (GOPR) provided a blueprint for all professionals to work with children and young people in a consistent and informed way. It included sections on:
- Deciding when children need help, including gathering information and conducting assessments
 - Working together to tackle problems, including care planning and thresholds for child protection action
 - Sharing information and confidentiality
 - Strengthening services for parents and families
 - Building strong inter-agency partnerships
 - Practical checklists and useful resources.
- 4.56. Following the publication of ***Getting Our Priorities Right***, the Scottish Executive called for all ADATs and Child Protection Committees to put in place local policies and protocols based on the guidance within the document. The guidance builds on the UK government ***Department of Health Framework Assessment of Children in Need and their Families*** (33) and incorporates and adapts the ***SCODA guidance*** (34), as well drawing on other relevant Scottish guidance and resources.

- 4.57. Since the publication of GOPR, the organisation Scottish Training on Drugs and Alcohol (STRADA) has been instrumental in assisting nine ADATs and Child Protection Committees to produce local policies and protocols and to implement their use through the delivery of training and support.
- 4.58. The snapshot questionnaires from ADATs identified 12 ADAT and Local Authority areas which have protocols in place to respond to the needs of children of problem drug users and their families, and a further three which are in the process of drafting them. However, there is some double counting here, as the protocols mainly cover sub-regions and therefore a number of local authorities. In addition, in some areas the protocols do not appear to be fully GOPR compliant. The ADATs and regions which specifically referred to having GOPR protocols were:
- Borders
 - Dundee
 - Lanarkshire, covering South and North Lanarkshire
 - Edinburgh and Lothian, covering Edinburgh city, Midlothian, West Lothian and East Lothian
 - In addition, the Working Group is aware of GOPR protocols which have been developed in North Ayrshire and in Glasgow.
- 4.59. Other areas have produced good practice guides, or frameworks which support the implementation of ***Getting Our Priorities Right***. For example:
- **Grampian**, which covers Aberdeenshire, Aberdeen City and Moray, has a Framework for reducing the harm –suffered by children affected by parental drug and alcohol problems.
 - **Argyll and Clyde**, which covers Argyll and Bute, Renfrewshire and West Dunbartonshire, has produced a Best Practice guide for workers linked to ***Getting Our Priorities Right***. (See Section A above).
 - In addition to full GOPR Protocols and Operational Procedures, **North Ayrshire** has produced a separate Summary and Practitioners' Guide.
- 4.60. ***'Getting it Right for Every Child'*** (3), with its comprehensive plan to unify and integrate children's services is being implemented in Scotland. The development of a Child's or Young Person's plan for all children is part of this wider proposed reform and is to be implemented for all children going to a Children's Hearing by December 2007. A draft Children's Services (Scotland) Bill which proposes legislative change to remove barriers to delivering outcomes to delivering outcomes for children was published for consultation in December 2006. The Scottish Executive Hidden Harm Steering Group participated in the consultation process relating to this proposed programme of change in order to ensure the needs of children affected by parental substance misuse are embedded within the changes.
- 4.61. The Hidden Harm Working Group received copies of information included in protocols developed in Scotland, the following are examples:

Renfrewshire Child Protection Committee – Protecting Children Protocols May 2006

- A stand-alone comprehensive document incorporating guidance for inter-agency working with children affected by drug or alcohol misuse, as well as protocols relating to children affected by domestic abuse and by sexual exploitation, working with threatening families and practice guidance for initial assessment of needs and risks.
- The protocol for children affected by parental substance misuse extensively covers identification, initial and full assessment, care planning and review and information sharing between agencies.
- Renfrewshire Protocol on Identification of a child of drug/alcohol misusing parents/carers states at the outset:
*‘When an agency becomes aware that a child is cared for by someone with a drug and/or alcohol misuse problem they should determine immediately if there are concerns about need and/or risk in relation to the child. **Any child of substance misusing parents has to be seen as potentially in need and possibly at risk, and the response to their needs has to be positive and proactive**’.*

The protocol clearly locates the responsibility for gathering information to ascertain the level of need/risk with all relevant agencies and the subsequent guidance gives clear and transparent messages and pathways to achieve this.

- Additionally, the protocol makes clear statements in relation to issues of central importance to practitioners such as working with reluctant parents, difficulties in seeing a child and gaining access and maintaining contact with families.
- The protocol lays out detailed specimen assessment tools based on GOPR and process charts against which any relevant professional can locate their role.

**Lanarkshire Protocols and Operational Procedures for Inter-Agency
Working with Children and Families Affected by Substance Misuse June
2004**

Produced by Lanarkshire ADAT, South Lanarkshire Child Protection Committee
and North Lanarkshire Child Protection Committee.

- A stand-alone document covering all areas of identification, assessment, care planning and review and underpinned by all key practice areas identified with GPR.
- Importantly, the protocol lays out key principles underlying interventions which clearly reinforce the key messages that:
 - It is a collective responsibility of all key agencies to ensure that children are protected from harm.
 - A child of substance misusing parents will be seen as potentially being in need or at risk and therefore the subject of at least observation, recording of relevant information and/or concerns and referral on by any professionals in contact with the family.
 - An inter-agency assessment of the risks to a child caused by substance misuse is an essential part of providing assistance.
 - Intervention should be carried out as far as possible in partnership with the family, and with the aim of helping them to put their child's welfare first.
 - Parents with alcohol and/or drug problems should be assessed in the same way as other parents whose personal difficulties interfere with or lessen their ability to provide adequate parenting.
 - Children, including newly born babies, should be cared for by their own families wherever possible, unless this is clearly unsafe. Even where need or risk has been identified, supportive measures should be used to prevent the separation of a child from his or her family, unless a risk assessment either pre-birth or at birth indicates otherwise.
 - We should help children early and not wait for crises or tragedies to occur. This requires periodic observation involving home visits, in order to have an opportunity to see and assess children in the environment in which they live.
 - Children's welfare is a more important consideration than confidentiality
 - Agencies and professionals must work together in the planning and delivery of services, in assessment and care planning with families and in multi-disciplinary training.

Lanarkshire ADAT Tel: 01698 245030

Update – Wales

- 4.62. The Welsh Assembly Government is developing and piloting a **Common Assessment Framework** for Wales. In devising the specification for the framework, the needs of children of substance misusing parents have been taken into account. The CAF in Wales is being developed by all agencies working with children, including those dealing with adults whose misuse of drugs or alcohol may result in their children requiring additional support. It is intended for use with children and young people who have additional needs and those at risk of poor outcomes. It will enhance multi-agency working and provide a holistic approach to the

assessment of children's needs and the provision of services. The CAF is being piloted in an electronic format in four Local Authority areas in Wales in 2007, with full roll-out planned for 2008.

- 4.63. To complement the CAF, which focuses on children, the Substance Misuse Treatment Framework (SMTF), which is the Welsh equivalent of Models of Care, includes an Assessment and Care Management module. This includes the **Wales In-depth Integrated Substance Misuse Assessment Toolkit (WIISMAT)**, a specialist document which is currently under consultation and being piloted in five areas of Wales. The final document is intended to be published in 2007. The WIISMAT includes a number of questions relating specifically to children and dependents of substance misusers, which are intended as a trigger for assessors to contact the appropriate children's services.

Update – Northern Ireland

- 4.64. Northern Ireland is planning to develop a Common Assessment Framework, as part of its ten-year strategy for children and young people. The intention is to ensure that this links closely with the New Strategic Direction for Drugs and Alcohol.

ACMD Commentary on Progress

- 4.65. There is clear evidence of progress in England, Scotland and Wales in relation to safeguarding the welfare and protection of children of problem drug users. However, progress varies across different areas in the four different countries.
- 4.66. Developments are further advanced in Scotland than elsewhere in the UK, as a result of the requirement for all areas to develop protocols based on **Getting Our Priorities Right**, although several ADAT areas do not yet appear to have these in place, three years after the publication of that guidance.
- 4.67. It is not possible to give an accurate picture for the whole of England, for a number of reasons. The snapshot only covered a minority of DATs. In addition, the change from Area Child Protection Committees to Local Safeguarding Children's Boards, has meant that many pre-existing protocols are now undergoing review.
- 4.68. However, the introduction of LSCBs, and the requirement on them to develop specific arrangements, including protocols, to respond to parental substance misuse, as detailed in Chapter 3 of **Working Together** (see Paragraph 1.19. above), provides a significant opportunity for all DATs in England to work with their LSCBs on this issue.

- 4.69. The ACMD welcomes the Welsh Assembly Government's briefing events for LSCBs referred to in para. 1.50 above, which suggest that a high level of priority is being given to this issue. Northern Ireland is just beginning work on this issue and currently does not appear to have protocols in place.
- 4.70. Within the emerging change programmes for children's services in the four countries, opportunities exist for those areas which are less well developed to learn from good practice elsewhere in the UK. The critical point, in the ACMD's view, is the need for all areas in the UK to have in place agreed multi-agency arrangements and protocols, aimed at improving outcomes for children of problem drug and alcohol users. These should conform to common standards of good practice tailored to each country's change programmes, but based on the approach in ***Getting Our Priorities Right***.
- 4.71. The ACMD considers the following to be **markers of progress** and to provide **opportunities for future learning** in relation to safeguarding the welfare and protection of children of problem drug users:
- ***Getting Our Priorities Right*** and protocol development in Scotland – Paragraphs 4.55.– 4.62.
 - The NCB Toolkit – Paragraph 4.53.
 - The inclusion of parental substance misuse in ***Working Together to Safeguard Children*** – Paragraph 1.19.
 - Welsh Assembly Government briefings for LSCBs–Paragraph 1.50.

C. Dedicated services for children and their families

"It's improved the way ah used tae be. Ah used tae run aboot wi awe the dafties that were intae awe the drugs and everythin. Ah don't dae that anymare."

(Extract from Evaluation Report of PDI (25))

"I don't feel so different now, I feel 'more normal'."

(Ten year old male, West Dorset (35))

- 4.72. The original **Hidden Harm** report did not have a section entitled 'dedicated services'. However, in the sections on specialist children's charities, social work and drug treatment services, there were a number of recommendations relating to the need for services to be in place to provide direct support and intervention for children affected and, where appropriate, for their families. The recommendations cover the following points:
- The need to develop means whereby children of problem drug users can safely express their thoughts and feelings and have these heard in relation to policy developments (Recommendations 6 and 7).
 - Social services to ensure they are able to assist parents and protect and support children in families with drug problems (Recommendation 29.iv.).
 - Drug and alcohol treatment services should aim to provide support for parents and children, either directly or via referral to other services (Recommendation 35).
 - Drug Action Teams to explore the potential of joint work across statutory and non-statutory sectors aimed at meeting the needs of children of problem drug users in their area (Recommendation 41).
 - (National) children's charities to ensure that they respond to the needs of children of problem drug users (Recommendation 40).
 - Agencies undertaking work with children of problem drug users to form a national association (Recommendation 42).
- 4.73. This section begins by outlining the national initiatives taken forward by the UK Government in England in response to recommendations 6, 7, 40 and 42 above. The overall picture in terms of the different types of services developed at local level in the four countries of the UK is then described, with some examples included to illustrate the approaches.

Update – UK Government

- 4.74. The UK Government commissioned a number of specific initiatives in response to recommendations 6, 7, 40 and 42 about national children's charities and the need for a national association, as well as about enabling children's voices to be heard.

- 4.75. The Children's Society in Nottingham was commissioned and funded by the DfES, to establish and lead the STARS National Initiative from 2004 until March 2007. The main aims and areas of progress of this initiative are set out in the box below.

The STARS National Initiative

With an England-wide brief the main areas of this initiative were to:

- Ensure the voices of children affected by parental substance misuse would inform key decision makers and be included in any key policy and practice-related developments at local, regional and national levels.
- Ensure every professional working with children will be able to recognise, support and intervene appropriately in respect of children affected by parental substance use.
- To provide a central information point for all those affected by or working with parental substance misuse.
- To set up a dedicated website for children affected by, and childcare professionals working with, parental substance misuse.

The initiative has made progress in a number of these areas. A **Children and Young People's Forum** was set up in September 2004 involving over 100 children in touch with various projects offering support to them across the country. Meeting regularly throughout the year, the children and young people have focused their efforts and energy on the compilation of a CD-Rom which captures their experiences, their feelings and their messages for policy makers and others.

Alongside the Children and Young People's Forum, a **Practitioners' Forum** was set up in April 2004 bringing together the established and new learning from practitioners working with, or co-ordinating services supporting children and young people and their parents. The initiative includes around 200 practitioners from across the country, who have met on a quarterly basis since its inception.

The STARS National Initiative continues to provide a point of access and co-ordination for information on parental substance misuse and advice and training to agencies across the country.

Tel: 0115 942 2974

www.parentsusingdrugs.co.uk

- 4.76. The **Children's Charities 'Working Together and Drug Prevention Project'** was commissioned and funded by the Department of Health in January 2005, with a brief across the five vulnerable groups in terms of prevention in ***Every Child Matters: Change for Children - Young People and Drugs***. Within this wider brief, this initiative was designed to respond to Recommendation 40 of ***Hidden Harm*** which calls for children's charities and non-statutory organisations to focus attention on the children of drug users both through their direct support work and more robust partnerships with statutory agencies.
- 4.77. The project was commissioned in January 2005, through the National Drug Prevention Development Team within the Department of Health, with lead co-ordination by the National Children's Bureau (NCB), and specific initiatives by the NSPCC, the Children's Society (TCS), Barnardo's and NCH. The aims of the project were to:
- Develop the capacity of children's charities to deliver drug prevention support to those working with vulnerable children and young people.
 - Increase the influence and inter-agency working between national children's charities, drug action teams and children and young people's substance misuse services.
 - Increase the access to and communication between charities and mainstream children's services for children and young people with substance misuse.
- 4.78. Whilst the overall project brief addresses preventative work with all vulnerable children and young people at risk of substance misuse themselves, and is subject to ongoing external evaluation by Mentor UK, the initiative has resulted in two useful resources designed to support work with children affected by parental substance misuse within national children's charities and other children's services. These are the NSPCC Multi Agency Training Pack, which is described further in Section D and the ***Barnardo's 'Fit for Purpose'*** (36) tool.

Barnardo's 'Fit for Purpose' Learning and Assessment tool

Barnardo's have produced this tool to enable services (its own and others) to assess their capacity to respond to children, young people and families affected by substance misuse. The tool was developed and piloted in six Barnardo's services and was used by the North East region when developing their planning for ***Hidden Harm***. It is currently being used to assess all Barnardo's services in Wales.

Tel: 0207 843 6335

Update – Local developments across the UK

- 4.79. The ACMD has gathered a wealth of information about services which are designed to respond to the needs of children of problem drug users and their families in the four countries of the UK. Some of these pre-date the publication of *Hidden Harm*, but many have developed in response to the report and used the experiences and practice from services exemplified in the original report as a learning tool.
- 4.80. This report is not a directory of these services, nor does it attempt to assess their quality. However, in this section the different **types of service** which the ACMD is aware of are described, together with **some examples** which have been externally evaluated or validated.

A commentary on some of the positive developments, and also the challenges which these services face is included at the end of the section. Appendix 4 contains further information about a sample of the range of services which have developed since, in response to *Hidden Harm*.

- 4.81. The different services and responses which have developed or are planned across England, Wales, Scotland and Northern Ireland in response to the needs of children and their parents, and the recommendations of *Hidden Harm* fall into the following broad categories:
- **Specialist posts** in mainstream services, such as children's and families services, young people's and adult drug treatment services, some of which have a co-ordination and practice development brief.
 - **Young carers' work**, including specialist posts within generic young carers' services, training for generic young carers' workers and multi-agency work, involving young carers' services.
 - **Group work programmes and one-to-one support for children** of problem drug users, with an emphasis on the promotion of self-esteem and resilience. These use a range of therapeutic and other techniques, including help lines. The work of these initiatives often includes creative work, for example art, film, drama or creative writing.
 - **Work with the drug using parent(s)**, often, but not always, the mothers, to enhance parenting capacity and reduce any potential harm to the children. Some of these operate on an outreach basis, working in the family home; others form part of residential rehabilitation work.
 - **Crisis or intensive prevention initiatives**, which put in place short-term intensive work with families where there is a high risk of children being taken into care.
 - **Whole family work**, using multi-disciplinary approaches and combining elements of some of the above.

Further information about these different types of intervention and service provision, along with some examples from across the four countries in the UK is provided in the remainder of this section.

Specialist Posts

- 4.82. Of the 47 DATs which responded to the snapshot questionnaire in **England**, 16 currently have specialist posts in mainstream services, working with children of problem drug users and/or their families. Of the 21 ADATs and Local Authorities which responded in Scotland, nine currently have specialist posts in place. (NB. This excludes specialist posts in maternity services, which are covered in Section E). There are specialist posts in Wales. There do not appear to be any at present in Northern Ireland.
- 4.83. These include the following, with some DATs/ ADATs having several such posts:
- 'Hidden Harm' development worker posts, with a remit to work across children's services and adult treatment services.
 - Dedicated 'Hidden Harm' children's social workers, based in mainstream children and families teams, or in drug treatment services.
 - Family support or parenting workers, based either in mainstream family support services, or drug treatment services.
 - Specialist health visitors.
 - Dedicated 'Hidden Harm' drugs workers.
 - Dedicated young people's workers.
- 4.84. Some specific examples from the survey responses:
- **Aberdeenshire** ADAT has a specialist Hidden Harm/ GOPR post. This encourages the links between local social work children's services, NHS and specialist drug and alcohol services.
 - **Greenwich's** Parental Specialist Social Worker post was established in November 2005. The main duties are to advise and consult with children's social work staff and adult substance misuse staff about parental substance misuse in order to promote early identification and good practice in assessment and intervention. The role is a liaison one between services, rather than working directly with children or their parents. The postholder is also developing training programmes and information material.
 - **Wandsworth's** 'Hidden Harm' worker in Social Services monitors implementation of their new joint protocols between services for children and services for adults with substance misuse problems, and ensures that both sets of services work to achieve optimal outcomes for children.
 - **Northumberland** have specialist health visitors working in a number of local Sure Start programmes. Part of their role is to support parents and children where mental health and substance misuse has been an issue. Unfortunately, as Sure Starts have had to become increasingly self funding, these posts are either ending or being pulled back within mainstream health services.
 - One CSP in **North Wales** is planning to appoint a specialist worker in their substance misuse service to work with children of substance misusers, and a Dual Diagnosis worker who will have input with the

small proportion of children of substance misusers with co-occurring mental health problems.

- **Stoke** has two Support Workers whose role is to respond to children and young people living with substance misuse in the family. One works with 5–13-year-olds and is based in their Youth Inclusion and Support Team and the other works with 14–19-year-olds and is based in their Youth Service.

Dedicated Services for children and families

“When I was looking after my mum, I was looked ... up at. People really did think the world of me because I was young and I was looking after my mum.”

(17 year old female, Joseph Rowntree Foundation Research (28))

- 4.85. Of the 47 respondents to the snapshot survey of DATs in **England**, 23 reported that they currently commission and/or support dedicated services for children of substance misusers, for their parents or for families as a whole. Of the 21 responses from ADATs and local authorities in **Scotland**, 18 reported that they currently commission and/or support such services.
- 4.86. The development of services for children and families affected by parental drug use in Scotland, has been greatly assisted by the funding provided by Lloyds TSB Foundation for Scotland **Partnership Drugs Initiative (PDI)**, which is described in more detail in Chapter 1.
- 4.87. As part of the Scottish Executive’s scoping study **‘Looking Beyond Risk’** (2006), all 22 Scottish ADATs were asked to provide service directories or information on services for this group. Nine ADATs responded, each stating that they had at least one service in place for children and families affected by parental substance misuse. However, the report noted that within this profile, very few do direct work with children and young people and a number of the services available excluded under 16-year-olds.
- 4.88. The balance between services that work directly with children themselves and those that work with parents, and/or the family as a whole differs in different parts of the country. In England the majority of services (15) focus on children themselves, with a minority of services (6), primarily in London, focusing on family work. In Scotland, this relationship is reversed, with the majority (13) focusing on family work, and the minority (5) being specifically to support children themselves. The family-focused approach appears to be the preferred model in Wales as well. The ACMD is not aware of any dedicated ‘Hidden Harm’ services at present in place in Northern Ireland.

- 4.89. The providers of these services vary, with services specifically for children tending to be commissioned from voluntary sector providers, and family-focused services being split between the voluntary and statutory sectors.
- 4.90. There are a range of approaches to services primarily for children across the UK, including integrating provision into generic young carers' projects, group work and one-to-one programmes, and a widespread use of creative and media work.

There is an increasing focus within these projects, on promoting self esteem and building resilience, which accords well with the findings from research and evaluation highlighted in Chapter 3. The examples below give a flavour of this work and further examples are included in Appendix 4.

West Dorset – Children of Drug Using Parents Project

The original pilot project set up in August 2004 worked with groups of 7–16-year-olds within an eight-week programme offering a combination of both individual support and group activity sessions. The programme has developed and aims to provide:-

- A safe place to talk about their own particular circumstances
- Information and education about substance use
- An opportunity to meet similar children in the same position
- Recognition of their own, and their families strengths
- Help in building resilience to combat adverse family problems
- Ways to develop individual confidence and self-esteem
- An opportunity to reflect upon events, and gain a greater understanding of their life so far
- A clearer understanding of the various supports that exist
- A chance to talk about their worries and fears
- A chance to consider their future.

Evaluation of the pilot programme which led to a statutory service being developed, identified the following key learning points:

- Improved outcomes were linked with an individual child or young person's commitment to the group.
- Co-operation and enthusiasm by parents/carers supported a good attendance rate and improved outcomes for children and young people.
- Some children and young people are unwilling/unable to 'open-up' because of concerns about the consequences.
- Disruptive and chaotic living arrangements can hinder a child/young person's progress in the programme.
- Rural issues, access to and cost of venues can inhibit progress.
- A lengthier course programme of 12 weeks may assist greater impact and progress.

Tel: 01305 213866

East Ayrshire Young Carers' Project

This project works with young carers affected by parental substance misuse, within the wider setting of a generic Young Carers' service. The project's main objective is to provide open-ended respite support to children (aged 8–late teens) from the responsibilities of emotionally or practically caring for parents or younger siblings and provide opportunities for young people to socialise in age-appropriate activities with other peers.

This involves:

- Groupwork sessions in age-appropriate groups with an accent on fun
- Respite breaks (long weekends and full weeks away)
- One-to-one support and individual advocacy
- Drugs information sharing/training sessions for teenage groups.

Key findings from the evaluation included:

- The project provided the young people with valuable respite from the demands of the caring role.
- Attendance at the project increased clients' contact with other young people and activities and reduced their sense of isolation.
- The young people reported positive changes in their behaviour, including their consumption of drugs and alcohol.
- Some clients reported improved attendance and performance at school.
- The project led to improvements in home circumstances for nearly all clients, including their relationships with substance misusing parents.
- Clients valued the emotional support and counselling they received from the project.
- Attendance at the project enhanced clients' confidence and self esteem.
- Participation in group activities appeared to contribute significantly to the development of clients' social skills.

Information taken from Evaluation of PDI Report (25)

4.91. The Turning Point UP Project at BASE 10 in Leeds has produced a resource book for professionals, with the help of children and young people themselves who have attended an established project.

UP Facts to Stop you Feeling Down (37)

This resource book is aimed at professional workers who are thinking of or are in the process of designing and delivering specialist support to children and young people affected by parental drug use. It offers a series of exercises around which a programme can be delivered and includes issues such as school life, support networks, caring roles, self esteem, fears and facts about drugs.

For copies of the book and more information tel: 0113 243 3552

4.92. The majority of services focusing on **families** work with those where parental substance misuse has been identified as a risk factor in relation to child protection, and aim to reduce the likelihood of the child being

removed from parental care. Some family-focused services provide specific interventions with and support for parents, typically mothers, and separate work with the children; others work through a whole family approach, either therapeutically and/or more practical interventions. The examples below are illustrative of the range of provision around the UK. Other examples are included in Appendix 4.

The Families First Initiative, Middlesbrough

A two-year pilot set up in April 2006 drawing on the Option 2 model in Cardiff and, subject to Department of Health evaluation, this multi-disciplinary initiative is targeted at families where parental substance misuse requires critical intervention in order to reduce the risk of a child being removed from parental care. The emphasis is on an intensive time-limited holistic package of social and family support that sustains the adult carer in treatment and beyond.

Tel: 01642 354070

Option 2 Cardiff

A crisis intervention service for families where there are child protection concerns related to parental substance misuse. This service was set up in May 2000 and now covers both Cardiff and the Vale of Glamorgan. Its model has been and is currently being adapted by other areas in the UK. The original idea sought to bridge the gap between Statutory Children's Services and Substance Misuse Treatment Services at the point of crisis and where a child's removal was being considered. A team of trained therapists work with parents and children within a proven model, to build on strengths and resources and promote new and more positive ways of achieving change. A therapist is assigned to a family for a time-limited period (four to six weeks) and works on a daily intensive basis. Goals are set with the parents/family to bring about sustainable changes in family functioning. Evaluated outcomes demonstrate that 12 months after this intervention, 77 per cent of family goals had been achieved and 84 per cent of families were still together.

Tel: 029 20536345

Families First Project – A multi-agency collaboration between Rhondda Cymon Taff Children's Services, Pontypridd, Rhondda NHS Trust and TEDS Voluntary Sector Substance Misuse Agency.

This project was set up in 1999 to provide a child and family-focused service in order to prevent and limit the potential for harm to children and young people of substance misusing parents. The service is needs-led, based on a comprehensive assessment and plan of intervention that is reviewed every 8–12 weeks. The expansion of the team supports more intensive services to families in crisis in order to prevent removal of a child. The project includes direct work with children and young people to develop coping strategies and self-esteem, and the provision of advice, information and advocacy according to their personal circumstances. Social activities are also provided. Work with parents includes information on how parental substance misuse affects children, promotion of parenting skills, and development of parenting strategies to support safe and positive parent/child relationships and home environments.

Tel: 01685 880097

Edinburgh Aberlour Outreach Project

This project works with female drug users and their children in their own homes with a focus on improving parenting skills and reducing the negative impact of drug use on children. The project's aim is to reduce the impact of a parent's drug use on their children by improving parenting skills, promoting stability of drug use and building the resilience of children. This involves:

- One-to-one parent sessions varying in intensity from two to three times weekly to less frequently as progress is made.
- Outreach advice in the home on request in support of core parenting activities and routines e.g bedtime and mealtime routines.
- One-to-one work with school age children in their own home.
- One-to-one outdoor activities to promote age-appropriate experiences.

Key findings from evaluation included:

- Participation in the project led to considerable improvements in clients' parenting skills and in their involvement with their children.
- The children's exposure to drugs, drug-related paraphernalia and drug taking appeared to be reduced.
- Most parents reported that the project helped them either to remain drug free or to stabilise or reduce their drug habit.
- Clients' confidence and self-esteem appeared to be enhanced as a result of their participation in the project.
- Clients valued the psychological support and counselling they received from project workers.

Information taken from Evaluation of PDI Report (25)

ACMD Commentary on Progress

- 4.93. This chapter demonstrates that a range of dedicated provision is in place or being developed in many parts of England, Scotland and Wales, which is designed to respond to the needs of children of problem drug and alcohol users and to their families and thereby improve outcomes for children.
- 4.94. At national level, the STARS National Initiative has made a useful contribution both to supporting children themselves to voice their needs and wishes, and to developing a practitioners' network. However, the ACMD is concerned that current funding for both of these initiatives ends early in 2007, with no clear plans about how either aspect of the work will be maintained beyond that time.

- 4.95. There is evidence that some of the challenges experienced by the STARS National Initiative in getting established may have resulted from it being impracticable to network children and young people, and practitioners across the whole country.

This suggests that support for regional practitioners' networks and for forums for children and young people from local projects and services in England and the Devolved Administration areas, together with national co-ordination, may be an effective way forward and worthy of further exploration. Such developments will require adequate resourcing.

- 4.96. The Barnardo's *Fit for Purpose Toolkit* and the *NSPCC Training Pack* (38) have been designed for those working in the 'Hidden Harm' field across the UK. It is important that this material is widely disseminated at the end of the Children's Charities initiative.
- 4.97. The introduction of 'Hidden Harm' specialist posts is welcomed, particularly those with a focus on ensuring effective joint working across children's and adults' services, with goals about improving skills, knowledge and capacity to respond appropriately within mainstream services. Information from local areas suggests that as local front end 'champions', such dedicated posts are playing a crucial role in translating the *Hidden Harm* recommendations into operational reality.
- 4.98. With respect to dedicated services for children themselves, there appears to have been considerable progress in listening to and understanding what children and young people need and the means by which these needs can be met through specialist support. A significant proportion of the projects offering direct support to children and young people have focused on developing and promoting **resilience**. This is in part as a response to the messages from research and evaluation. These have shifted the emphasis away from heightened risk for children towards a focus on building self esteem and identifying and strengthening personal strategies and resilience. In this way, the impact on children and young people of living with parental problem substance misuse, can be mitigated.
- 4.99. Similarly, the development of services specifically designed to support substance misusing parents to address their problems, and working with families to prevent breakdown and the removal of children is welcomed. This forms part of a comprehensive range of services available to cater for the different circumstances and needs of children and families.
- 4.100. The ACMD notes that the majority of children's services and many family-focused services are located within the non-statutory and charitable sector. Whilst this represents a positive response to Recommendation 40 of *Hidden Harm*, it is important that innovative work in the non-statutory sector is complemented by service development in mainstream children's services, and that all work in

localities is co-ordinated in a way that promotes a holistic range of services for this group of children and young people.

- 4.101. A significant proportion of these projects rely on time-limited funding. The High Focus Areas phase 1 learning sets identified short-term funding as a significant factor that has hindered progress in implementing ***Hidden Harm***. This issue was also highlighted in the DAT snapshot survey, where 19 ADATs and DATs said lack of adequate funding and resources was the main barrier to progress in implementing ***Hidden Harm***.
- 4.102. There are examples in this section where charitable or short-term funding, such as the Children's Fund, has been used to develop new initiatives and these have then been mainstreamed through DAT and/or mainstream children's services funding, or via a reconfiguration of existing resources. It will be important that this trend continues and is further developed. However, there is some worrying evidence that this is not the case.
- 4.103. The evaluation of the Partnership Drugs Initiative in Scotland carried out on behalf of Lloyds TSB (see Chapter 3) found that whilst the initiative has been successful in securing matched funding, this was increasingly derived from short-term sources and that despite enabling projects to apply for initial three-year grants and extension of up to two further years, to date there had been very limited success in mainstreaming initiatives. The ACMD draws attention to the report's strong call for long-term strategic planning and commissioning, to avoid good practice in this field being lost at the end of PDI funding.
- 4.104. A number of DATs and services commented that the reduction in the Young People and Substance Misuse budget in England from 2006/07 creates significant constraints for existing and future investment in this field, as well as reducing the potential to identify new funding to mainstream short-term funded projects. Others referred to the reduction in dedicated provision arising from the 'mainstreaming' of Sure Start and the Children's Fund, both of which have been significant funders of work with younger children affected by parental substance misuse.
- 4.105. A further issue highlighted in research and evaluation which the information-gathering process for this report supports, is that there is insufficient emphasis on service development focusing directly on **children's own needs**. It is important to provide direct services for children themselves, which give them support and a safe space within which they can develop personal resilience strategies, irrespective of what is happening to their parents. Whilst the development of services which work with parents to prevent children being removed is welcome, it is important that support for children does not become dependent on their parents' involvement in such interventions.

Children need services in their own right, and there is some evidence from the snapshot survey and other sources, including ***Looking Beyond Risk***, that in some parts of the UK this is not being adequately recognised and prioritised.

- 4.106. The ACMD considers the following to be **markers of progress** and to provide **opportunities for future learning** in relation to dedicated services for children and families:
- STARS National Initiative, including the Children's Forum and the Practitioners' Forum – Paragraph 4.75.
 - Prevention Drug Initiative in Scotland and the messages from its evaluation – Paragraphs 1.37 and 3.10.
 - Barnardo's Fit for Purpose tool – Paragraph 4.78.
 - Number of DATs and ADATs funding specialist posts, especially 'Hidden Harm' co-ordinators – Paragraphs 4.82– 4.84.
 - Range and variety for services and interventions for children and families affected by parental substance misuse – Paragraphs 4.85.– 4.92.

D. Training and workforce development

“I really look forward to seeing my worker as I can tell her anything.”

(12 year old male, Evaluation report of West Dorset pilot project (35))

“I never really spoke to the teachers as such, but I always got the feeling that they – they knew there was something. That there was something not quite right or whatever.”

(22 year old young woman, quoted in Joseph Rowntree Report (28))

4.107. The chapter on Practicalities in the original ***Hidden Harm*** report did not include a specific section on training. However, many of the recommendations in the report refer to training as a means of ensuring early identification, assessment of need and appropriate support for this group of children. Therefore, this section assesses progress in relation to training and the provision of information materials designed to improve mainstream workforce skills, knowledge and capacity to respond to the needs of children of problem drug users.

4.108. The recommendations relating to training all focus on equipping staff to identify, understand and respond to the needs of these children. This chapter covers the following recommendations on training, about which the Working Group had sufficient information to comment:

- Primary care staff who work with problem drug users on the importance of recognising and responding to the health care needs of children of these users (Recommendation 23).
- Training of children and family services staff (Recommendation 29.3).
- Pre-qualification and in-service training for all social care workers (Recommendation 31).
- Training of staff in drug and alcohol treatment services on meeting needs of clients as parents and their children (Recommendation 36).

Update – England

4.109. In **England**, the impact of parental substance use on children was highlighted by the implementation of the ***DH Framework for Assessment of Children in Need and their Families*** (33). With its emphasis on parental substance misuse as a source of stress affecting parenting capacity, many local ACPCs subsequently started embedding this work into their multi-agency child protection training programmes.

4.110. This work was strengthened by the ***Hidden Harm*** report and some local areas incorporated their existing training into wider 'Hidden Harm' plans and initiatives. The significant changes in the broader children's agenda over recent years have provided further opportunities.

With the specific requirements of the revised ***Working Together to Safeguard Children 2006*** (10), in relation this group of children, some Local Safeguarding Boards are now revising and refocusing their multi-

agency practitioner training packages to take account of this area of work.

4.111. The number of specialist training courses provided locally and nationally focusing on children of problem drug users has increased since the publication of *Hidden Harm*. At national level:

- The Royal College of General Practitioners deliver DH-funded training on the Management of Drug Misuse in Primary Care, which includes training on the needs of children whose parents are problem drug users. Since 2001, over 2,000 health care professionals have received Part 1 training and in excess of 1,300 practitioners, including nearly 900 GPs, have attended the Part 2 advanced course. The Royal College of General Practitioners is also planning to run a master class updating GPs on pregnancy and 'Hidden Harm'.
- Specific knowledge of substance misuse is not included in the common core of skills, knowledge and competence for the children's workforce, under the **Every Child Matters** change programme, as this focuses on generic skills. However, the DfES has recently tasked the Children's Workforce Development Council to look at cross-cutting issues, including substance misuse. It is not known whether specific attention will be paid within this work to the impact of parental substance misuse on children.
- Recommendation 31 was declined by the English government.
- The Drug and Alcohol National Occupational Standards (DANOS), developed by the NTA for drug and alcohol treatment services includes a module on assessment. Within this module, the needs of parents and other family members, including children, are identified. Drug Action Teams are required to include information in their adult treatment plans about workforce planning.
- A number of organisations in the drugs field have developed and now deliver specific training courses on working with parental substance misuse and with children affected by it.
- The National Children's Bureau Toolkit (29) includes a range of materials for use in multi-agency training. Building on this, the NCB is organising Training the Trainers courses, using the Toolkit. The first of these is scheduled for early 2007.
- The NSPCC multi-agency training pack is one of the outcomes of the Children's Charities Drug Prevention project, which is outlined in more detail in section C above.

NSPCC Multi-Agency Training Pack

The NSPCC has focused in particular on responding to the needs of children of problem drug users, both by improving its internal capacity and by producing a **multi-agency training pack** on the impact of parental substance misuse, in consultation and collaboration with children, young people and partner agencies. The pack is currently being piloted, including in the North East region, and is due for completion and dissemination in summer 2007.

For copies and more information, telephone: 0116 234 7223

Email: packs@nspcc.org.uk

- 4.112. At local level, the snapshot questionnaire of DATs in England identified 29 DATs who commission, assist with and/or provide training specifically relating to children of problem drug users, and a further eight who have courses in the planning and design stage. Nineteen respondents reported that this is provided as part of Local Safeguarding Children Board training programmes. From the responses, it appears that, in some cases, the needs of children of problem drug users are integrated within broader substance misuse training and/or within broader child protection training. However, a minority of respondents specifically mentioned one, two or three-day courses on parental substance misuse. A small number of areas also referred to specific training courses and briefings on substance misuse and pregnancy.
- 4.113. Some specific examples of training initiatives at local level in England are:
- **Doncaster** and **Hampshire** incorporate training on parental substance misuse into their Child Protection training courses on 'stress factors', which also cover parental mental health and domestic abuse.
 - In addition to child protection training for all Substance Misuse workers, **Brent** provides child protection supervision skills for managers.
 - **Sheffield** Safeguarding Substance Misuse Project provides a rolling programme of two-day multi-agency training courses on Parental Substance Misuse and Child Protection.
 - **Greenwich** provides training for all Sure Start staff on parental substance misuse.
 - **Redbridge** is developing a course which will examine the issue of domestic violence and explore it within the context of substance misuse and the impact upon children and family.
 - The **North East 'Hidden Harm' Network** is rolling out a regional training initiative to equip local areas to provide a parenting programme, using the 'Strengthening Families' model.
- 4.114. In addition, a number of areas have developed information and other resources designed to increase understanding amongst mainstream services of the needs of children of problem drug users and their families. These include:
- **Leicester, Leicestershire and Rutland** DAATs have developed a tool kit called, 'Can you see the elephant', which is designed to assist professionals in engaging with young people, particularly in schools.

- **Nottinghamshire** DAAT has commissioned its local children of substance-misusers service provider to produce a DVD with the direct involvement of children and young people. This is used as an education tool with professionals across the county.
- **Brighton and Hove** – The Hidden Ones Communication Resource – see box below.

The Hidden Ones – Brighton and Hove (39)

The Hidden Ones Communication Resource 2006 was produced by Hove Healthy Schools Team, Brighton Oasis Project and Young Carers' Project.

This resource is a communication pack which includes a range of information for secondary schools to use in conjunction with local agencies to support individual students where parental substance misuse has been identified. The pack includes:

- Guidance for Schools on how to respond to children and young people identified as vulnerable because of parental substance misuse.
- Information to support enhanced school policy in respect of children affected by parental substance misuse.
- Information on available support within secondary schools and within outside local agencies.
- Case study material to support appropriate practice responses to children and young people.

Implementation and dissemination of the pack is being led by Brighton Oasis Project, working systematically with staff in each secondary school to raise awareness of the needs of children affected by parental substance misuse, but also to support promotion of responses in keeping with the Communication Resource key messages.

The pack is also supported by the delivery of a series of workshops for Children's Centres, school staff and others working with children and young people on identifying parental substance misuse, assessment and referral.

For more information and copies of the pack tel: 01273 696970

Update – Scotland

4.115. The Scottish Executive has placed a high priority on child protection training to enable all sectors to respond to the needs of vulnerable children, including children of drug and alcohol misusers. Current national provision and initiatives include:

- The three-year child protection reform programme has produced a Children's Charter and overarching framework for standards in child protection, the first of which is "children get help when they need it".

The reform programme also produced a training framework and materials to support it.

- An accredited multi-agency training course run by the Royal College of Practitioners, as is provided in England. The certificate programme includes the needs of children whose parents are problem drug users. Scottish Training on Drugs and Alcohol (STRADA) has also developed generalist training for GPs involved with integrated care of problem drug and alcohol users, which includes competencies in relation to responding to children of problem drug users.
- Child protection training and assessment of risk forms a core component of the new Social Work Honours Degree in Scotland and child protection training is mandatory for all registered social workers there. The Scottish Executive has funded a child protection project officer in the Institute for Excellence in Social Work Education to make sure that child protection training in the new degree is of good quality. It now includes input on drug-using parents and the impact of drugs on parenting capacity. To further enhance this, the Scottish Executive has funded STRADA, in collaboration with Dundee University, to provide child protection training to 2,500 qualified social workers, with a strong focus on the children of substance-misusing parents.
- The Scottish Executive currently funds STRADA to provide specific training modules for drug and alcohol treatment service providers and generic services staff, on working with children of drug and alcohol-using parents. Practice-based workshops have also been developed for more specialist workers.
- The Scottish Executive is developing links between the training strategies for National Domestic Abuse and Substance Misuse.

4.116. The snapshot questionnaires identified a high level of commitment to training across all 21 ADATs and local authorities that responded. Specific training on children of substance misusers has and is taking place in all 21 areas, in partnerships with Child Protection Committees. The major provider of the training is STRADA, under the programmes mentioned above, and typically the training equips staff to use the 'Getting Our Priorities Right' protocols. The training is directed by children's and adult services staff, sometimes in single-agency programmes, and sometimes multi-agency.

4.117. Some sense of the scale of commitment to training in Scotland can be gained from these figures from training delivered by STRADA over the last four years:

- 1,300 practitioners in **Renfrewshire**, specifically related to GOCR protocol implementation.
- 3,600 multi-agency workers in **Lanarkshire** since the launch of their protocols in 2004, and a further 2,000 participants projected.
- Training planned for 600 participants in **East Dunbartonshire**.
- Between March 2002 and March 2006, 2,000 participants trained on 142 modular courses relating to children and families affected by substance misuse.

4.118. In addition to these significant programmes, a number of other specific pieces of work were mentioned by respondents to the snapshot survey, including:

- **Highlands** ADAT and CPC course, entitled 'Hidden Harm - What's My Role', a two-day course for children's and adult services.
- Specific training in **Renfrewshire** for Home Care workers.
- NHS **Lothian's** Substance Misuse and Pregnancy Training Pack.
- **Argyll and Clyde's** practitioners' handbook (see Paragraph. 4.28. above)

Update – Wales

4.119. The Welsh Assembly Government is establishing the **all Wales network and collaborative centre for education, training and development in substance misuse**. The brief for the centre takes account of the aim in the 'Hidden Harm' Framework for Action, 'to ensure that the health and social care workforce is better equipped to understand and respond to the needs of substance misusers and their children'. The centre was opened in September 2006.

4.120. Specific training projects being taken forward by Community Safety Partnerships in Wales include:

- One area in **Dyfed Powys** provides training to primary and secondary school teachers across the CSP, to enable them to recognise the signs of substance misuse in young people themselves and in young people that it impacts upon as a direct result of a substance-misusing parent or relative.
- Two areas are planning training programmes for 2006/07 for primary care and drug and alcohol agency staff on the management of problem drug use, including information about the importance of recognising and meeting the health care needs of the children of problem drug users.
- A key part of the role of the **North Wales** Substance Misuse Midwifery Liaison Service, outlined in section E is to deliver education and awareness sessions as part of professional training programmes for maternity services.

Update – Northern Ireland

- 4.121. The **Northern Ireland New Strategic Direction for Alcohol and Drugs** includes a significant range of targets for training at both regional and DACT level. Much of this falls under the supporting outcome of Workforce Development and all the DACTs highlight the importance of training to respond to groups of young people 'at risk' of misusing substances. However, there is no specific reference in the document to training to equip workers to respond to the specific needs of children of problem drug users.
- 4.122. In 2006, ARC Healthy Living Centre and the Westcare Drugs and Alcohol Training Programme were successful in gaining funding from the Northern Ireland Drugs and Alcohol Strategy Team to develop a training programme designed to support the implementation of **Hidden Harm**. More details of this are set out in the box below.

THE 3 RS TRAINING (Recognition, Rights, Response)

Project Aim: To assist the development of a competent N. I. based workforce that can respond to the **Hidden Harm** report recommendations.

In response to an advertisement placed in a major regional paper, some 60 people applied to attend the training the trainers programme. To date the project has trained 13 trainers from throughout Northern Ireland, and produced a teaching pack targeting individuals working at tiers one/two.

Westcare Business Services' Social Service Training Department, Joanna Manning (STARS Nottingham) and Barbara Egan facilitated the Training the Trainers course. Over the next few months the trainers will pilot the training pack in their local area. It is expected that six programmes will be delivered and evaluated towards impact.

The training programme's objectives are:

- To increase knowledge of the **Hidden Harm** report and the effects of parental substance use on children.
- To examine child protection issues in the context of 'Hidden Harm'.
- To identify fears and attitudes towards drug and alcohol use.
- To recognise and assess the risks facing a child.
- To understand resilience and the resilient child.
- To explore your role in responding to a 'Hidden Harm' situation and assist with the development of a multi-agency response.

A project evaluation report will be produced by the end of March 2007.

Westcare Business Services Tel: 028 71 865 236
ARC Living Centre Tel: 028 686 28947

ACMD Commentary on Progress

- 4.123. It is clear to the ACMD that a high priority has been given in Scotland to training and workforce development specifically in relation to improving skills, knowledge and expertise in responding to the needs of children of substance misusers, directly linking this into child protection training.
- 4.124. There is evidence of positive commitment to training in relation to 'Hidden Harm' in some Local Authority areas in England, but the extent of its coverage is uneven. In the ACMD's view, it is critical that this issue is explicitly included within the knowledge and understanding underpinning the children's workforce development common core competencies. It is also important that responding to the needs of children of problem drug users is specifically included within the Staying Safe outcome area as part of child protection competencies, building on the guidance in Working Together.
- 4.125. National developments in Wales and Northern Ireland outlined above also provide opportunities to ensure the appropriate integration of training and workforce development in relation to responding to the needs of children of problem drug users. Again, in the ACMD's view, it is important to ensure good linkage of this work into children's and adult services' training and workforce development on child protection.
- 4.126. The ACMD considers the following to be **markers of progress** and to provide **opportunities for future learning**:
- Training to Scottish drugs services and children's services by STRADA, linked to protocol development – Paragraph 4.117.
 - Materials in the NSPCC training pack and the NCB Toolkit – Paragraph 4.111.
 - Examples of joint ACPC/ LSCB and DAT training on child protection and substance misuse – Paragraphs 4.112– 4.113 and 4.116–4.118.
 - The 3 Rs Training in Northern Ireland – Paragraph 4.122.
 - The Hidden Ones Communication Resource – Paragraph 4.114.

E. Maternity services

“That was the case, just it was like I was the mum and she was like the child.”

(17 year old female, Joseph Rowntree Foundation Research (28))

4.127. The original **Hidden Harm** report identified a number of recommendations relating to improving services for pregnant drug users and their babies. These focus on minimising the harm to babies before, when and after they are born. The recommendations cover the following issues:

- Routine screening and identification of parental drug and/or alcohol use by antenatal services, aimed at early identification (Recs. 3 and 8).
- Provision of accessible and non-judgemental services to pregnant problem drug users (Recommendation 18).
- Effective multi-agency working between maternity units and other relevant professionals to ensure the longer-term interests of the baby are safeguarded (Recommendation 20).
- Evidence-based protocols for the clinical management of drug misuse during pregnancy and of neonatal withdrawals (Recommendation 18).
- Appropriate clinical management of babies born to drug injectors (Recommendation 19).

4.128. This section summarises the information gathered by the ‘Hidden Harm’ Working Group about work in local areas to respond to the above recommendations. Information about provision for female prisoners, including pregnant drug users and mother and baby units is covered in Section F on Criminal Justice.

Update – England

4.129. The **Children, Young People’s and Maternity National Service Framework (NSF)** (6) for England identifies pregnant drug users and their partners as a group requiring specific attention in terms of good practice within Standard 11, as outlined in Paragraph 1.23. above.

4.130. The snapshot questionnaire to DATs in England included 33 respondents who reported that they have protocols for the management of pregnant drug users, some of which are currently being reviewed and updated, with a further four currently working on these. Twenty-eight reported that they have protocols for the management of neonatal withdrawal, with a further two currently working on these. The question on the survey form asked whether protocols were in place for the ‘multi-agency management’ of pregnant drug misusers. However, it is clear from the responses and some of the examples provided, that a number of those saying that they are in place, are referring to protocols for clinical management only.

In addition, it is known that a number of areas have long-standing provision for pregnant drug users, e.g. Liverpool and Manchester.

- 4.131. The majority (35) of DATs also reported having specialist posts and/or provision in place to work with pregnant drug users and/or support them and their babies after birth. These included:
- Specialist midwives
 - Specialist obstetricians
 - Specialist clinics
 - Multi-agency teams
 - Specialist drug workers.
- 4.132. Some examples of specialist provision in England include:
- The Maple Clinic in **Croydon**, a satellite clinic based in the ante natal clinic of the local maternity hospital, which provides support to women drug and alcohol users and their families throughout pregnancy. It is a multi-disciplinary team, involving substance misuse nurses, midwives, health visitors, social workers and special care baby unit staff.
 - A one-stop shop, entitled BUMPS, is being developed in **Wandsworth** for pregnant users and their babies.
 - Multi-Agency Pregnancy Liaison Group (MAPLAG) in **Sheffield** is led by a long-established Pregnancy Liaison Specialist Midwife and provides early identification, care planning and management both before and during birth and in terms of post natal care plans.

Update – Scotland

- 4.133. The majority (17) of the Local Authority and ADAT respondents to the snapshot survey in Scotland have protocols for managing pregnant drug users, and a similar number have protocols for managing neonatal withdrawal (16). Many respondents reported that the former are based on the guidance set out in ***Getting Our Priorities Right (GOPR)***, and form part of their wider GOPR protocols. Those areas which did not have these protocols in place are either working on them (2) or only cover small populations and therefore transfer pregnant users to the care of neighbouring areas with large maternity hospitals, e.g. Orkney and Shetlands.
- 4.134. In 16 of the ADAT and Local Authority areas, there are specialist posts and provision, including many of the same posts as those listed for England above. The one difference is that many Scottish respondents referred to having specialist hospital social workers in post to respond to the needs of pregnant substance misusers and their babies, whereas this was unusual in the English responses. A range of multi-agency clinics and services were reported, including:

- A comprehensive range of services in **Argyll and Clyde**, including a team of specialist midwives, entitled SNIPS, based in the local maternity hospitals, the New Expectation Service which is made up of specialist social workers who work with SNIPS pre and post birth, and Family Matters which is a specialist family-focused service providing support following birth and assisting in parenting support and advice.
- A joint health and social work programme in **Dundee**, called New Beginnings, which assesses and supports the needs of unborn and new-born children.
- A Vulnerable Infant Project (VIP) in the Princess Royal Maternity Service, covering **East Dunbartonshire**, which provides specialist support pre and post birth to mothers and their babies.

4.135. The Scottish Executive is also currently funding and evaluating a project, building on the long-standing specialist provision in Glasgow. This seeks to improve delivery of maternity services for drug-using women, addiction services and services for children and families, especially to those who face complex problems.

Update – Wales

4.136. The main example the ACMD is aware of is the Substance Misuse Midwifery Liaison Service which operates across and is funded by the six Community Safety Partnerships in North Wales. The aims of this service are to provide specialist care to pregnant substance misusers and develop minimum standards of care; to provide consultancy to all professionals within the substance misuse arena; and to deliver education and awareness sessions within professional training programmes. The service is supported by a clinical protocol for the multi-disciplinary management of pregnant drug misusers and a protocol for the management of neonatal withdrawal.

Findings from Repeat UK Survey

4.137. All of the 86 maternity services which returned questionnaires from the **Repeat Survey**, conducted by Birmingham University, reported that they routinely assess for problem alcohol use and all but one that they routinely assess for problem drug use. This represents an increase from the original survey, where the percentage, from a larger number of returns, was 92 per cent routinely assessing for drugs and alcohol.

4.138. The number of services reporting that they have specialist staff to meet the particular needs of problem drug users and their babies remained almost exactly the same as in the original survey, 46.5 per cent and 45 per cent respectively.

However, there was an increase in the number of services employing one or more obstetricians with a special interest in substance misuse, at 50 per cent from 41 per cent in the 2002 survey, and also an increase

from 62 per cent to 69.8 per cent, in the number employing one or more specialist midwives.

- 4.139. There was a substantial increase in the number of maternity services which have specific protocols for antenatal management of drug users, from 57 per cent in 2002 to 74.4 per cent in 2006, and a small increase in the number which have specific protocols for the management of neonatal withdrawal, from 71 per cent to 76.7 per cent.
- 4.140. Maternity services in Wales (83.3%) and in Scotland (81.3%) were more likely to have one or more midwives with a special interest in addiction, than in England (74.5%). None of the three Northern Irish maternity services which responded had any midwives with a special interest in addiction or protocols for either antenatal management of drug misuse or for neonatal management of withdrawals.

ACMD Commentary on Progress

- 4.141. The original ***Hidden Harm*** report identified good practice in several areas of the UK with respect to responses to pregnant drug users. From the information made available to the ACMD for this report, it appears that significant progress has been made in spreading that good practice and responding to Recommendations 18 and 20 of ***Hidden Harm*** in Scotland, England and Wales. There is a higher level of specialist provision and protocols in place in Scotland than appears to be the case in England and Wales, but there are several examples of comprehensive provision in both of these countries.
- 4.142. The lack of specialist provision and protocols in Northern Ireland is a matter requiring attention.
- 4.143. The ACMD considers the following to be **markers of progress** and to provide **opportunities for future learning**:
- Number of areas reporting well established and mainstreamed specialist posts and protocols.
 - Increase in percentage of maternity services in repeat survey which have protocols in place.
 - Range of creative approaches to improving access to antenatal care for pregnant drug users.

F. Children with parent(s) in the criminal justice system

“I used tae like it when he was away (in prison) – (laughs)”

(17 year old male, Joseph Rowntree Foundation Research (28))

- 4.144. The ***Hidden Harm*** report contained a number of recommendations aimed at improving the response to children with one or more parents involved in the criminal justice system. These covered the following issues:
- Urging court services to take full account of the safety and well-being of the children of drug users who are coming before them for sentencing, including making maximum use of non-custodial sentences, such as (then) Drug Treatment and Testing Orders for drug users with children (Recs. 44 and 45).
 - Ensuring that pregnant drug-using prisoners receive the same antenatal care and treatment for their drug use as is available in the community, and ensuring access to mother and baby units where this is deemed to be in the interest of the baby (Recs. 46 and 47).
 - Ensuring suitable environments for children to visit their parents in prison (Recommendation 47).
 - The provision of effective aftercare for parents, particularly mothers, on release from prison, including support in relation to their parenting responsibilities (Recommendation 48).
- 4.145. The original recommendations focused on female drug users, but the ACMD recognises that they are equally applicable to fathers, so progress has been assessed in relation to provision for parents of both genders, where relevant.

Update – England and Wales

- 4.146. Since the publication of ***Hidden Harm***, criminal justice services in England and Wales have been reorganised with the launch of the new National Offender Management Service (NOMS) in April 2005, which combines the work of the National Probation Service and the Prison Service. At the same time, there has been an expansion in England and Wales of the Drug Interventions Programme (DIP), (previously Criminal Justice Intervention Programme), and the introduction from April 2005 of a new Community Order with a Drug Rehabilitation Requirement (DRR). This replaced the Drug Treatment and Testing Order (DTTO). This has provided opportunities and challenges for responding to the recommendations above.
- 4.147. The Drug Rehabilitation Requirement is more flexible than a DTTO, meaning that treatment can be more individually tailored to the offender, which may be particularly suitable for women with children.

Between May 2005 and June 2006, 21 per cent (2,461) of DRRs were for women offenders, as compared to 79 per cent (9,266) for male

offenders. This is a significantly higher proportion of women than in the prison population, (6%). The 'Hidden Harm' Working Group received no information about the impact of this on retention rates or on the children of offenders on DRRs, as compared to prison sentences.

- 4.148. In 2006, the Department of Health published new guidance for the **Clinical Management of Drug Dependence in an Adult Prison Settings** (40). These are primarily intended for those prisons in England which have received funding for the delivery of an Integrated Drug Treatment System. None of the prisons which has received IDTS funding is in Wales. This guidance is intended to bring practice in prisons into line with treatment in community settings, and includes provision for maintenance as well as detoxification programmes. These guidelines include a section on Clinical Management During Pregnancy, which covers alcohol, opiates and benzodiazepines. This section emphasises the importance of good liaison with community hospital midwifery and social work services, as few prisons have their own drug liaison midwife posts. The guidelines do not include anything about the management of neonatal withdrawals, as this takes place in community provision where it is required. The Prison Service does not have the capacity for such specialist work, and it is rarely required, as pregnant drug users are expected to be stable before their babies are born. It is not known to what extent these guidelines have been implemented across women's prisons in England.
- 4.149. The England and Wales Prison Service Order 4801, on **The Management of Mother and Baby Units** (41) was updated in 2006. This enables women who are on maintenance prescribing programmes to access the mother and baby units for the first time, provided that they test negative for illicit drugs and give a commitment to remain illicit drug free. However, not all women's prisons have mother and baby units and those that do have limited capacity. There is at present no other suitable accommodation where women can have their children with them, although one prison is developing a pilot scheme to provide this.
- 4.150. In 2004, the Drug Strategy Unit within the National Offender Management Service (NOMS) for England and Wales commissioned Adfam to produce guidance and good practice for prison staff and agencies working with families of drug-misusing offenders in prison. This resulted in the publication of **Partners in Reduction** in 2005 (42). The guidance includes a chapter on reducing drug-related harm to children, with recommendations on the following areas:
 - Security and visits in relation to children, including supporting children during visits, searching children and play areas.
 - Advice for prisoners who are parents and carers, as well as supporting non-imprisoned parents and carers.
- 4.151. The Drug Interventions Programme (DIP) facilitated a brief mapping exercise in May 2004 across the Home Office Drug Strategy Directorate, the National Treatment Agency and the Prison Service to understand

and outline work in progress and planned relating to the children, families and carers of drug misusing offenders. The aim was to identify who and what work DIP needed to link in with and any gaps which DIP needed to address. This led to a number of outcomes including a clear statement in funding guidance to DATs that DIP Main Programme Grant could be used to develop and build on work to assess and meet the needs of families of drug-misusing offenders, including children. The extent to which this guidance has been implemented is not known.

- 4.152. During the consultation on the draft of *Partners in Reduction*, a number of issues were identified by family members and stakeholders which were beyond the scope of that publication, particularly on arrest and release. In response to this, the Drugs Intervention Programme, in partnership with the NTA, the Home Office Drug Strategy Directory and NOMS, commissioned a further consultation exercise specifically on these issues. This resulted in the forthcoming publication, *Around Arrest, Beyond Release* (46). This document highlights a number of issues for children of problem drug users and makes recommendations to respond to these.
- 4.153. So that each drug-using offender in contact with the criminal justice system gets continuity of care, DIP has revised the Drug Interventions Record, which is described in Chapter 1, to capture data about dependent children of drug-using offenders. Guidance and training is given to all DIP workers, including CJIT and prison Counselling, Assessment, Referral, Advice and Throughcare services (CARATs) teams about child protection and the duty to disclose information and to inform clients in advance about this.
- 4.154. The NOMS regions in England have developed a range of projects focusing on work with children and families. However, it is not clear to what extent these focus on the specific needs of children of problem drug-using offenders.
- 4.155. England and Wales have developed separate strategies to reduce re-offending, which set out key targets for NOMS and their partners. The English *Reducing Reoffending Delivery Plan, 2006* (43) is made up of a series of pathways, including the Children and Families Pathway and the Drugs and Alcohol Pathway. Neither of these pathways currently makes specific reference to parental substance misuse or to the needs of children affected and how to respond to them.
- 4.156. *Joining Together in Wales: An Adult and Young People's Strategy to Reduce Re-Offending, Feb 2006* (44) provides the strategic framework within which joint action plans are being developed between NOMS, the Welsh Assembly Government and other key partners to deliver the strategy in Wales. One of the common themes for each of the strategy's Pathways is the inclusion of families of offenders, and this is reflected in the work underway for the Substance Misuse Pathway.

- 4.157. An additional issue which was highlighted in the original consultation on the Hidden Harm Framework for Action in **Wales**, is that because of the absence of women's prisons in Wales, links between women prisoners and their children in the community can be particularly challenging to maintain, and a positive transition back into the community on release, including re-establishing contact with children can also be more difficult to achieve. However, although there are no female prisons in Wales, there are prisons in England located near the Wales-England border that can accommodate Welsh female prisoners. The locations of female prisons in England are such that the nearest prison to home for some English female prisoners is further than it is for some Welsh female prisoners.
- 4.158. An officer from the substance misuse policy development team of the Welsh Assembly Government has recently been seconded to Barnardo's Cymru to build links between children's services, substance misuse services and the criminal justice system with respect to 'Hidden Harm', as well as to develop protocols and policies for joint working between children's and adult services on this issue. The post holder's current work programme includes:
- Running ten-week accredited parenting courses in Swansea prison for substance misusing offenders who are fathers. Discussion is under way about rolling this out across the other prisons in Wales and providing a similar course in community settings for partners of male prisoners, via contact with the Probation Service.
 - Developing the family support element of the DIP in Wales, including the possibility of providing parenting courses and one-to-one work for those on DRRs.
 - Developing links with the women's prisons in England where the majority of Welsh women prisoners are housed. This includes Eastwood Park in Gloucester, and prisons in Manchester and Liverpool. NOMS funding has been sought for two support worker posts to focus on family support work at Eastwood Park.

Update – Scotland

- 4.159. The **Scottish Executive** has worked closely with the Scottish Prison Service and other criminal justice agencies to respond to the criminal justice-related recommendations in **Hidden Harm**, through the 'Hidden Harm' Implementation Group. Specifically the Scottish Executive's work includes:
- Guidance is forthcoming (2006) for Social Enquiry Report authors in the Local Authority criminal justice social work service, in cases where child protection issues arise in relation to drug-misusing offenders.
 - Guidance is being developed on the operation of arrest referral and Drug Treatment and Testing Order (DTTO) schemes which has regard to safeguarding children of drug users.

- The Drug Treatment and Testing Order National Operational Group is undertaking a review of the use of DTTOs with a view to increasing the number of orders made in respect of drug-using female offenders.
- Guidance for DTTOs includes dedicated sections on child protection and the impact of substance misuse on parenting and on pregnancy.

4.160. Relevant work which has been or is being undertaken in conjunction with the Scottish Prison Service (SPS) includes:

- Building on the existing provision at HMP and YOI Cornton Vale of a designated children's play facility, by working with children's charities to improve visit areas in the other Scottish prisons. One example which has already happened is joint funding by the Aberdeen ADAT and Aberdeen Prison for toys and childcare equipment to improve the environment and visit experience at the latter facility.
- The publication in January 2004 of the SPS Inclusion Policy, which contains several policy areas tasked with linking with families.
- Amending the SPS "Parent and Baby" policy to reflect the recommendations of *Hidden Harm*, by 2007.
- Evaluating the benefits to children of male prisoners participating in the "Storybook Dads" project during 2006. This project enables parents in prison to record themselves reading bedtime stories onto CDs to be sent home to their children. The evaluation of the previous "Storybook Mums" project showed relationships were maintained and enhanced, which may otherwise have diminished.
- Developing and piloting a relationship counselling project as part of the Choose Life: Routes Out of Prison Project. This pilot will be run in a male prison and will include peer support, in-prison workshop and post-release counselling between 2006 and 2008.
- Developing a parenting programme at the only Scottish all-female prison, HMP and YOI Cornton Vale, in partnership with Aberlour Childcare Trust, for female offenders affected by substance misuse.
- The Enhanced Addictions Casework Service. This includes family induction sessions in each prison, which provide information to offenders' families about what services are available in prison for substance using prisoners.
- The Integrated Case Management Substance Misuse Assessment was introduced as part of the addictions contract with Scottish prisons. This includes automatic flagging to Social Work departments of the presence of dependent children in the lives of offenders with substance misuse issues.
- STRADA has developed a specific training programme for the Scottish Prison Service, which includes modules and practice-based workshops on working with children and families.

ACMD Commentary on Progress

- 4.161. This section demonstrates that work has been undertaken or is underway in England, Wales and Scotland, by NOMS, DIP, the Scottish Executive, and the Scottish Prison Service to improve responses to drug-using parents in the criminal justice system, particularly prisoners, and their children. Much of this is driven by research evidence that shows that maintaining family ties, in particular with children, is a significant factor in reducing re-offending, including relapse into illicit substance misuse. The ACMD welcomes this work. However, it is not possible from the information made available to assess the extent to which these national initiatives are being translated into practice at local level.
- 4.162. There appears to be less focus within English prisons on work with drug-using fathers in relation to their parenting, than there is in Wales and Scotland, where there are some positive developments.
- 4.163. The ACMD is concerned that the needs of the children of problem drug users are not currently highlighted specifically in the Reducing Re-offending Pathways in England, although it welcomes their inclusion in Wales.
- 4.164. There is evidence from the 'Hidden Harm' Working Group's contact with local areas, that much of the work included in this section is not widely known about outside the criminal justice system itself, particularly in England. Given the range of positive examples, it is suggested that this matter needs attention. Hopefully, this report will stimulate greater contact and joint working.
- 4.165. The ACMD considers the following to be **markers of progress** and to provide **opportunities for future learning**.
- Parenting programme at HMP and YOI Cornton Vale – Paragraph 4.160.
 - Improved policy on access to prison mother and baby units in England for mothers on prescribing regimes for drug misuse – Paragraph 4.149.
 - Secondment from the Welsh Assembly Government of an officer to work with Barnardo's Cymru on these issues – Paragraph 4.158.

Chapter 5 Conclusions and key learning for the future

"Listen to us kids, do more for us"

(voice of a child attending the STARS Children's Forum)

- 5.1. This report demonstrates that the original **Hidden Harm** report has had a significant impact on policy and practice at national, regional and local level. This impact is not yet consistent across all four countries and all 48 recommendations, but there is evidence of positive progress in all parts of the UK.
- 5.2. There is evidence that the potential and actual harmful experiences of these children are becoming more widely acknowledged, resulting in more action by more agencies in more areas. In this way the harm is becoming less 'hidden' and ignored. Many useful practice examples and lessons from research and evaluation have been identified which demonstrate the positive impact for children and young people of direct help and intervention.
- 5.3. The report demonstrates that children can experience improvements in their lives and those of their families, when the complexity of 'Hidden Harm' is grasped and co-ordinated responses between and across adults' and children's services are developed and put into practice. The challenge is to integrate the specific needs of children of problem drug users into both the change for children's programmes and the drugs (and alcohol) strategies in the four countries of the UK, and to maximise implementation of this integration at regional and local level.
- 5.4. The change for children's services programmes in the four countries, including **Every Child Matters** and **Getting it Right for Every Child**, are designed to provide appropriate support and intervention for every child from conception to young adulthood. As the original **Hidden Harm** report documented, parental problem drug use impacts on children at every stage of their lives from before birth, well into their adult lives, and the impact varies according to their age, as well as their circumstances and personal resources. It is critical that an explicit focus on keeping these children safe from harm is embedded within the change programmes for children's services, in particular within their outcomes frameworks.
- 5.5. **Adult drug treatment services** need to understand the complex relationship between drug dependency and parenthood, and develop responses on the basis of this. Treatment services' primary responsibility is to engage drug users in effective treatment programmes. However, if users are also parents, this understanding is crucial both for effective treatment engagement and for positive outcomes for users and their children.

Therefore, treatment services have a role both in providing treatment programmes tailored to parents, and in working collaboratively with children's services to enhance parenting capacity and enable children to flourish.

- 5.6. From the information gathered for this report by the ACMD 'Hidden Harm' Working Group, the following **key learning points** have emerged. They are designed to assist national, regional and local policy makers and practitioners to build on the good work already done to expose and reduce the 'Hidden Harm' experienced by children of problem drug and alcohol users in the UK.

- **Clear leadership and cross-sector co-ordination** produces the most significant progress in responding to the needs of children born to and living with parental substance misuse. This includes cross-government leadership and co-ordination, leadership and cross-sector working at regional level, and leadership and multi-agency co-ordination at local level.
- Greatest progress is being made where the needs of children of problem drug and alcohol users are identified and addressed by a **shared strategic approach**, which is embedded within **joint commissioning arrangements** for both **adult** drugs services and **children's** services.
- For this reason, it is important to include a **specific objective and target** to safeguard and promote the welfare and protection of children of problem drug (and alcohol) users within the new **drugs (and alcohol) strategies** in England, Scotland and Wales from 2008, thereby reducing a significant form of substance misuse related harm.
- Equally, it is essential to highlight the particular needs of children of problem drug and alcohol users within the **outcomes frameworks** and inspection criteria for children's services. In practice, this means identifying these needs throughout, particularly in **Staying Safe**, as well as Be Healthy, within the **Every Child Matters** Outcomes Framework, and taking a similar approach in the outcomes frameworks for **Getting It Right for Every Child**, and the change for children programmes in Wales and Northern Ireland.
- Consistent and comprehensive practice responses to children and their families are more likely to occur where **multi-agency arrangements** are in place, supported by agreed joint **protocols and procedures**. Where these arrangements are led jointly by LSCBs/ACPCs in partnership with DATs and their equivalents in Scotland, Wales and Northern Ireland effective practice can be enhanced.

- This report is not a **good practice guide**. However, there is evidence that such a publication would be extremely valuable for England, Wales and Northern Ireland, building on the model of ***Getting Our Priorities Right*** in Scotland, and drawing on information made available to the ACMD for this report. This could possibly be a specific outcome from the High Focus Area initiative in England.
- A **comprehensive range of dedicated services** is required at local level to respond to the needs of the children of problem drug and alcohol users. These services include specialist posts, dedicated provision for children affected which focuses on resilience, work with parents including drug treatment and improving parenting skills, plus joint work with the whole family.
- There is a significant problem in the UK in terms of securing **long-term mainstream funding** to support work with children and their parents at local level. It will require a concerted national, regional and local effort to take shared responsibility across adult and children's sectors, in order to identify essential ongoing funding for sustained work with children affected and their families.
- Responses to **pregnant drug users** identified in the original ***Hidden Harm*** report have been sustained and spread across much of the UK. This is welcomed. It demonstrates that where good practice guidance is available it can greatly assist managers and practitioners to put in place robust arrangements to identify and take appropriate action.
- There is a need for large-scale **training and workforce development**, to equip mainstream children's and adult services to identify and respond appropriately to the needs of this group of children. The work of STRADA in Scotland gives some sense of the scale of this challenge, but also the possibilities this approach offers. Accordingly, it is important that training in recognising and responding to parental substance misuse is integrated into mainstream workforce development programmes, for both children's and adult services.
- In response to ***Hidden Harm***, a range of **national initiatives, research and evaluation** has been commissioned by government. However, there is evidence that resources could be used more effectively through improved co-ordination and avoiding further duplication of commissioning across the UK. In this way, resources could be redirected to research which addresses acknowledged gaps in the literature, in particular longitudinal studies into the impact of parental substance misuse on children.
- The report highlights a number of helpful findings from research and evaluation, particularly in relation to **'what works'** for children of problem drug users. It will be important that these findings are **widely**

disseminated to managers and practitioners in the UK, in line with the expressed commitment in the Social Exclusion Action Plan to dissemination of 'what works'. Similarly, it will be crucial to ensure that useful products commissioned in response to **Hidden Harm** are effectively disseminated across the UK.

- The report highlights some initiatives undertaken by criminal justice services, particularly prison services, to respond to the recommendations of **Hidden Harm**. However, it is difficult to discern at this stage to what extent policy commitments have been translated into front line practice. There is scope for better linkage between criminal justice initiatives and regional and local work on implementing **Hidden Harm**.
- Although **parental alcohol misuse** is not the primary focus of this report, there is evidence from the work in Scotland, Wales and Northern Ireland that it can be addressed effectively alongside parental problem drug use. There is increasing demand from practitioners and evidence from research to suggest that this should become a key priority for national, regional and local work to respond to this target group of children.

Appendix 1: Hidden Harm Key Messages

- We estimate there are between 250,000 and 350,000 children of problem drug users in the UK – about one for every problem drug user.
- Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood.
- Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.
- Effective treatment of the parent can have major benefits for the child.
- By working together, services can take many practical steps to protect and improve the health and well-being of affected children.
- The number of affected children is only likely to decrease when the number of problem drug users decreases.

Appendix 2: Hidden Harm 48 Recommendations

1. All drug treatment agencies should record an agreed minimum consistent set of data about the children of clients presenting to them.
2. Whether a client or patient has dependent children and where they are living should be included as standard elements in the National Drug Misuse Treatment System in England and Wales and in the Drug Misuse Databases in Scotland and Northern Ireland and should be recorded in the same way to allow comparisons between regions.
3. Problem drug or alcohol use by pregnant women should be routinely recorded at the antenatal clinic and these data linked to those on stillbirths, congenital abnormalities in the newborn, and subsequent developmental abnormalities in the child. This would enable epidemiological studies to be carried out to establish relationships between maternal problem drug use and congenital and developmental abnormalities in the child.
4. Studies should be urgently carried out to assess the true incidence of transmission of hepatitis C between infected female drug users and their babies during pregnancy, birth and infancy.
5. A programme of research should be developed in the UK to examine the impact of parental problem drug use on children at all life stages from conception to adolescence. It should include assessing the circumstances of and consequences for both those living with problem drug users and those living elsewhere, and the evaluation of interventions aimed at improving their health and well-being in both the short and the long term.
6. The voices of the children of problem drug users should be heard and listened to.
7. Work is required to develop means of enabling the children of problem drug users safely to express their thoughts and feelings about their circumstances.
8. The Department of Health and the devolved executives should ensure that all maternity units and social service children and family teams routinely record problem drug or alcohol use by a pregnant mother or a child's parents in a way that respects privacy and confidentiality but both enables accurate assessment of the individual or family and permits consistent evaluation of and comparisons between services.
9. The National Treatment Agency and the devolved executives should ensure that all specialist drug and alcohol services ask about and record the number, age and whereabouts of all their clients' children in a consistent manner.

10. When revising child protection policies and procedures, full account should be taken of the particular challenges posed by parental problem drug use, with the consequent implications for staff training, assessment and case management procedures, and inter-agency liaison.
11. Reducing the harm to children as a result of parental drug use should be a main objective of the UK's drug strategies.
12. The Government should ensure that the National Children's Service Framework and equivalent strategic arrangements in Wales, Scotland and Northern Ireland, identify children of problem drug users as a large group with special needs that require specific actions by health, education and social services.
13. The National Treatment Agency, the Welsh Assembly Government and the Scottish Executive should ensure that services for adult substance misusers identify and record the existence of clients' dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with other appropriate services, including those in the non-statutory sector. This should include protocols that set out arrangements between drug and alcohol services and child protection services.
14. Whenever possible, the relevant Government departments should ensure there are mechanisms in place to evaluate the extent to which the many initiatives outlined in this chapter benefit vulnerable children, including the children of problem drug users.
15. All Drug Action Teams or equivalent bodies should ensure that safeguarding and promoting the interests of the children of problem drug users is an essential part of their area strategy for reducing drug-related harm and that this is translated into effective, integrated, multi-agency service provision.
16. All Drug Action Teams or equivalent bodies should have cross-representation with the relevant children's services planning teams in their area.
17. Drug misuse services, maternity services and children's health and social care services in each area should forge links that will enable them to respond in a co-ordinated way to the needs of the children of problem drug users.
18. Every maternity unit should ensure that it provides a service that is accessible to and non-judgemental of pregnant problem drug users and able to offer high quality care aimed at minimising the impact of the mother's drug use on the pregnancy and the baby. This should include the use of clear evidence-based protocols that describe the clinical management of drug misuse during pregnancy and neonatal withdrawals.
19. Pregnant female drug users should be routinely tested, with their informed consent, for HIV, hepatitis B and hepatitis C, and appropriate clinical

management provided including hepatitis B immunisation for all babies of drug injectors.

20. Every maternity unit should have effective links with primary health care, social work children and family teams and addiction services that can enable it to contribute to safeguarding the longer-term interests of the baby.

21. Primary Care Trusts or the equivalent health authorities in Wales, Scotland and Northern Ireland should have clear arrangements for ensuring that the children of problem drug or alcohol users in their area are able to benefit fully from appropriate services including those for the prevention, diagnosis and treatment of bloodborne virus infections.

22. Primary care teams providing services for problem drug users should ensure that the health and well-being of their children are also being met, in partnership with the school health service, children and family teams and other services as appropriate.

23. Training programmes on the management of problem drug use by primary care staff should include information about the importance of recognising and meeting the health care needs of the children of problem drug users.

24. All general practitioners who have problem drug users as patients should take steps to ensure they have access to appropriate contraceptive and family planning advice and management. This should include information about and access to emergency contraception and termination of pregnancy services.

25. Contraceptive services should be provided through specialist drug agencies including methadone clinics and needle exchanges. Preferably these should be linked to specialist family planning services able to advise on and administer long-acting injectable contraceptives, contraceptive coils and implants.

26. All early years education services and schools should have critical incident plans and clear arrangements for liaison with their local social services team and area child protection committee when concerns arise about the impact on a child of parental problem drug or alcohol use.

27. All schools should identify at least one trained designated person able to deal with the problems that might arise with the children of problem drug users.

28. Gaining a broad understanding of the impact of parental problem drug or alcohol use on children should be an objective of general teacher training and continuous professional development.

29. All social services departments should aim to achieve the following in their work with the children of problem drug users:

- An integrated approach, based on a common assessment framework, by professionals on the ground including social workers, health visitors and

- GPs, nursery staff and teachers, child and adolescent mental health services.
- Adequate staffing of children and family services in relation to assessed need.
 - Appropriate training of children and family service staff in relation to problem drug and alcohol use.
 - A co-ordinated range of resources capable of providing real support to families with drug problems, directed both at assisting parents and protecting and helping children.
 - Sufficient provision of foster care and respite care suitable for children of problem drug users when their remaining at home is unsafe.
 - Efficient arrangements for adoption when this is considered the best option.
 - Residential care facilities that provide a genuinely caring environment for those children for whom this is the only realistic option.

30. The Government should continue to explore all practical avenues for attracting and retaining staff in the field of child protection.

31. The new Social Care Councils for England, Wales, Scotland and Northern Ireland should ensure that all social care workers receive pre-qualification and in-service training that addresses the potential harm to children of parental substance misuse and what practical steps can be taken to reduce it. Consideration should be given to the inclusion of such training as a prerequisite for registration by the appropriate professional bodies.

32. Residential care for the children of problem drug users should be considered as the option of last resort.

33. The range of options for supporting the children of problem drug users should be broadened to include: day fostering; the provision of appropriate education, training and support for foster parents; and robust arrangements to enable suitable willing relatives to obtain formal status as foster parents.

34. Where fostering or adoption of a child of problem drug users is being seriously considered, the responsible authorities should recognise the need for rapid evidence-based decision-making, particularly in the case of very young children whose development may be irreparably compromised over a short period of time.

35. Drug and alcohol agencies should recognise that they have a responsibility towards the dependent children of their clients and aim to provide accessible and effective support for parents and their children, either directly or through good links with other relevant services.

36. The training of staff in drug and alcohol agencies should include a specific focus on learning how to assess and meet the needs of clients as parents and their children.

37. The possible role of parental drug or alcohol misuse should be explored in all cases of suspected child neglect, sexual abuse, non-accidental injury or accidental drug overdose.

38. Child and adolescent mental health services should routinely explore the possibility of parental drug or alcohol misuse.
39. Acquiring the ability to explore parental substance misuse should be a routine part of training for professionals working in child and adolescent mental health services.
40. Given the size and seriousness of the problem, all non-statutory organisations dedicated to helping children or problem drug or alcohol users should carefully consider whether they could help meet the needs of the children of problem drug or alcohol users.
41. Drug Action Teams should explore the potential of involving non-statutory organisations, in conjunction with health and social services, in joint work aimed at collectively meeting the needs of the children of problem drug or alcohol users in their area.
42. Agencies committed to helping the children of problem drug or alcohol users should form a national association to help catalyse the development of this important area of work.
43. Every police force in the country should seek to develop a multi-agency abuse prevention strategy which incorporates measures to safeguard the children of problem drug users.
44. When custody of a female problem drug user is being considered, court services should ensure that the decision fully takes into account the safety and wellbeing of any dependent children she may have. This may have training implications for sentencers.
45. The potential of Drug Courts and Drug Treatment and Testing Orders to provide non-custodial sentences for problem drug users with children should be explored.
46. All women's prisons should ensure they have facilities that enable pregnant female drug users to receive antenatal care and treatment of drug dependence of the same standard that would be expected in the community.
47. All female prisoners should have access to a suitable environment for visits by their children. In addition, where it is considered to be in the infant's best interests to remain with his or her mother, consideration should be given by the prison to allowing the infant to do so in a mother and baby unit or other suitable accommodation.
48. Women's prisons should ensure they have effective aftercare arrangements to enable appropriate support to be provided after release for female problem drug users with children.

Appendix 3: Working Group members and acknowledgements

Implementation Working Group Members

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Thank you to everyone else who contributed to the production of this report and to Emma Rattenbury and Maria McCaffrey for putting it all together.

Vivienne Evans,
Chair – ACMD Hidden Harm Working Group,
February 2007

Appendix 4: Project details

The following list of services has been brought to the attention of the 'Hidden Harm' Working Group through over the past three years. These services are in addition to those included in the main text of the report. Some of the services were identified in the original **Hidden Harm** report and their inclusion in this report reflects further learning and development subsequent to **Hidden Harm**. Other services have been specifically commissioned as a result of local attention focusing on the growing needs of this group of children and as a direct result of **Hidden Harm** recommendations. The list is an attempt to illustrate the differing scope and nature of initiatives designed to address the needs of this group of children. To this end, it reflects project initiatives focusing on work directly with children and young people only, work with parents only and work with families. The range of services also reflects the important collaborative efforts by non-statutory services and statutory services. Some initiatives see the focus of their work as preventative, others as crisis intervention.

**Barnardo's SMART Project, (Substance Misuse Assisting Resilience Together),
Tamworth, Staffordshire
Tel: 01827 286643**

This is a three-year project set up in 2005 and involves collaboration between Barnardo's and Staffordshire County Council Children's Services. This service comprises a multi-agency approach within a 12-week programme for 5 -16 year-olds delivered by a multi-agency team of social worker, youth and community worker, nursing staff and access to a Sure Start Team. An intensive package of assessment and support is provided which includes:

- Individual and family assessments of need, risk and safeguarding considerations.
- Opportunities for one-to-one work with children and young people to develop resilience and emotional well-being.
- Involvement of children and young people in a range of educational and leisure activities to maximise the experience of childhood.
- Group work that offers peer support structures, education, activities and mentoring for children, young people, and adults.
- General information on prevention and harm reduction to children, young people and family members.
- Practical assistance, family support and safety awareness within the home and community to increase parenting capacity to benefit all family members and child development.
- Signposting families to appropriate services and liaising with professionals to promote optimum outcomes for children and families affected by substance misuse.
- Mentoring systems/befriending as appropriate.
- Six-weekly evaluations involving user participation.

**The Children's Society STARS Project,
Nottingham
Tel: 0115 942 2974**

Established in 2002, this project has continued to develop and expand its work on parental substance misuse across the City of Nottingham. STARS is part of a multi-agency response to the issues and is supported by Children's Services, the DAAT and Nottingham City Council. STARS provides individual and group work sessions with and for children and young people aged 3 –18 years, addressing the impact of parental substance misuse. Key development areas include work with Black and Minority Ethnic communities and working in schools. STARS continues to provide advice and support to agencies in Nottingham and jointly facilitates parental substance misuse training through Nottingham's Safeguarding Children's Board.

**Barnardo's Parental Substance Misuse Service,
Slough
Tel: 01753 690 756/690 757**

A jointly sponsored initiative between Barnardo's, Slough DAAT and Local Authority Children's Services.

This service works with, and supports parents and/or expectant mothers, aged 16 years upwards, with a focus on harm minimisation. The referral route to the service is via the Social Services Assessment Team. Clients receive an individualised support package which includes an assessment, identification of initial needs and care plans for both parent/s and child/ren. Interventions offered are one-to-one support, advice and information, awareness work, brief interventions, care-co-ordination where appropriate, referrals on to other services to meet the needs of the family and joint working with services to ensure relevant support in relation to substance misuse and parenting.

**The 'Safe Zone' Project,
Tilbury, Essex
Tel: 01375 855 210**

An NSPCC initiative established in 2002 and funded by the DAAT. This service offers a range of group and individual therapeutic work to children affected by parental substance misuse. Throughout a 14-week programme aimed at promoting resilience, small groups of children (aged 5–18 years) participate in activities to build self esteem, assertiveness and social skills, express feelings, develop safety networks and have fun.

Individual therapeutic work is tailored to the needs of each child using a range of directive and non-directive models of work. Where appropriate, additional work may involve a parent/carer to support the child further at home.

**Breaking the Cycle Project - Addaction Drug & Alcohol Services
Tel: 020 7017 2866**

A four-year (2005–2009) pilot initiative being carried out by Addaction adult drug and alcohol services. This pilot involves a shift in emphasis towards

family-focused interventions which support parents in treatment as well as working with the children to minimise risk of harm. Families referred to the project receive a range of support interventions, depending on the needs of the family. This can include advice and support, one-to-one family support, family therapy and art therapy. All intervention packages are based on an in-depth family assessment process and care planning overseen by a co-ordinator. Pilot projects have been set up in Cumbria, Derby City and the London Borough of Tower Hamlets and are subject to ongoing and final evaluation by the Avon and Wiltshire Mental Health Research and Development Unit based at Bath University.

**WAM (What About Me?),
Nottingham
Tel: 01623 635326**

Established in 2000 and referred to in the original *Hidden Harm* report, this service has continued to grow with support from Nottinghamshire DAAT. Over the past three years the service has changed the focus of its work in response to the needs of children and young people who are referred. To this end, the service focus has shifted towards therapeutic responses to the younger age group of 5–13-year-olds whilst retaining mentoring and advisory support for children and young people up to 19 years old. The provision is open-ended and has an emphasis on therapeutic play and art therapy to support the needs of children and young people.

**SORTED Young Carers' Project,
Northumberland
Tel: 01670 500150**

This is a multi-agency funded service located within the Young People's Substance Misuse Service. The Young Carers' Project offers support and advice to any child/young person (aged 5–18 years) who is concerned about a parent/carer's substance misuse. The project offers a one-to-one confidential service to allow children and young people the opportunity to discuss concerns/fears or anxieties they may have. Sessions are delivered through the use of art therapy; building self esteem and solution-focused sessions. The service also offers the children/young people group activities where there are opportunities to develop and receive peer support, participate in social activities, learn about first aid, drugs education and mechanisms for keeping safe. Importantly, for children attending, there is also an emphasis on fun activities which relieve and release the stress of home life.

**8-16's @ Oasis, Young People's Service,
Brighton Oasis Project
Tel: 01273 696 970**

This project is a voluntary sector substance misuse service committed to preventing drug-related harm to women and children. It is located within the Brighton Oasis Project and offers a range of creative responses and resources for children and young people affected by parental drug or alcohol use. These

range from weekly one-to-one sessions and groups with an art, drama or play therapist, to activity groups during school holidays with experienced group facilitators. Children and young people are consulted on the nature and type of support and activities they would most benefit from and resources are developed accordingly.

**SOS – Support Outreach Service,
North East Lincolnshire
Tel: 01472 302733**

This service is supported by a Health and Social Care Team working in conjunction with a local user group and carers to support parents and families to achieve greater access and support from mainstream services and thereby improve the general health and social needs of parental drug users and their families. The service works with both parents and children on an outreach basis and will continue to support families where relapse occurs in order to support re-engagement both into drug treatment and mainstream children's services.

**Families First Project – A multi-agency collaboration between Rhondda Cymon Taff Children's Services, Pontypridd, Rhondda NHS Trust and TEDS Voluntary Sector Substance Misuse Agency
Tel: 01685 880 097**

This project was set up in 1999 to provide a child and family-focused service in order to prevent and limit the potential for harm to children and young people of substance misusing parents. The service is needs-led, based on a comprehensive assessment and plan of intervention that is reviewed every 8–12 weeks. The expansion of the team supports more intensive services to families in crisis in order to prevent removal of a child. The project includes direct work with children and young people to develop coping strategies and self-esteem, and the provision of advice, information and advocacy according to their personal circumstances. Social activities are also provided. Work with parents includes information on how parental substance misuse affects children, promotion of parenting skills, and development of parenting strategies to support safe and positive parent/child relationships and home environments.

**Barnardo's South Lakeland Family Support Service
Tel: 015394 43500**

This project is part of the Adfam Families and Substance Misuse Peer Support and Education programme which has been funded by the DH to develop one-year pilot projects across the country aimed at engaging family members in initiatives which build family resilience and develop awareness within families about drugs and alcohol.

One of the pilot projects has focused on the particular needs of children in families affected by drugs and alcohol. This is the Barnardo's South Lakeland Family Support Service. They have developed innovative, therapeutic group and one-to-one work with rurally based, young people affected by their parents' substance misuse. The aim of the project is to build children's resilience

through creative, participative therapeutic work and to engage with carers, using a model of resilience, to support strengths, address risk and meet children's needs. A small group of young people have produced a short film to help practitioners to understand the needs of children affected by substance use and to highlight good practice. The project is working creatively with children to develop 'their voice' through stories, and games and to promote their safety and emotional well-being. The project is active in establishing a practitioners' forum, working closely with other agencies in response to ***Hidden Harm***.

**Safer Families Project,
Bolton
360° Young People's Substance Misuse Service
Tel: 01204 337330**

The Safer Families Project works with substance misusing parents where there are child protection concerns that may lead to the children being made subject to care proceedings brought by the Local Authority. The primary purpose of the project is to provide intensive support, aimed at enabling the children in substance misusing families to remain in the care of their families or to live with other members of the family. Working alongside statutory family support services, a range of support is available including practical measures to improve home circumstances, individual work with parents, individual support to children and young people.

**The Chrysalis Project,
Worthing Family Centre
Tel: 01903 237 482**

This project offers creative therapies for children and support for families who have experienced substance misuse.

A creative therapist works one-to-one with the child while a member of the Family Centre Team offers support for a parent or carer. Sessions with the children may include play, story-telling, movement, role-play, artwork and talking. While the children are in sessions with the creative therapist there is an opportunity for parents/carers to discuss any issues around being a parent or caring for children with a member of the Family Centre Team. This may include informal discussions about day-to-day issues of parenting, to more focused work around communicating with children and improving relationships. Referrals can be made by families themselves, agencies working with families and by schools. The Chrysalis Project has extended its work to other family centres in West Sussex and is now working in Shoreham as well as Worthing.

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